

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025332

1. Entity Name
RUSSO OF FORT MYERS, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90070 021 ***150.00

Principal Place of Business

16369 S. TAMiami TRAIL
FORT MYERS FL 33908

Mailing Address

16369 S. TAMiami TRAIL
FORT MYERS FL 33908

2. Principal Place of Business

16373 S. Tamiami Tr

3. Mailing Address

16373 S. Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. MYERS, FL

City & State

Ft. MYERS FL

Zip

33908

Country

USA

Zip

33908

Country

4. FEI Number 65-0653021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, MARYANN
6320 KEY BISCAIYNE BLVD.
FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Maryann Russo

Maryann Russo, Pres

01-16-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	RUSSO, MARYANN	
STREET ADDRESS	6320 KEY BISCAIYNE BLVD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSO, JOHN	
STREET ADDRESS	3110 SEASONS WAY #204	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSO, ANTHONY J	
STREET ADDRESS	6320 KEY BISCAIYNE BLVD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACALUSO, ANN M	
STREET ADDRESS	158 SHADY LANE	
CITY-ST-ZIP	SMITHTOWN NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russo, John	
STREET ADDRESS	6320 Key Biscayne Blvd	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maryann Russo

Maryann Russo, Pres

Date

01-16-01

Daytime Phone #

(941) 894330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)