

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025689

1. Entity Name

RATH, HARPER & ASSOCIATES, INC.

Principal Place of Business

5405 CYPRESS CENTER DRIVE
STE 320
TAMPA FL 33609

Mailing Address

5405 CYPRESS CENTER DRIVE
STE 320
TAMPA FL 33609-1026

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3375180

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLCOMB, VICTOR W
415 S. HYDE PARK AVENUE
TAMPA FL 33606

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

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, 2000 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 P
NAME HARPER, WILLIAM H
STREET ADDRESS 5405 CYPRESS CTR DR. #320
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE VP
NAME CARR, JUDY
STREET ADDRESS 5405 CYPRESS CTR DR. #320
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE ST
NAME RATH, TIFFANY
STREET ADDRESS 5405 CYPRESS CTR DR. #320
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE GENERAL MANAGER
NAME RATH, FRED H.
STREET ADDRESS 5405 CYPRESS CENTER DR, #320
CITY-ST-ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE VP
NAME RATH, JOAN
STREET ADDRESS 5405 CYPRESS CENTER DR, #320
CITY-ST-ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE VP
NAME MARTLING, ROBERT
STREET ADDRESS 5405 CYPRESS CENTER DR, #320
CITY-ST-ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Fred H. Rath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.00

Date

Daytime Phone #

044331



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)