

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025689

1. Entity Name

RATH, HARPER & ASSOCIATES, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90355 030 ***150.00

Principal Place of Business
5405 CYPRESS CENTER DRIVE
STE 320
TAMPA FL 33609

Mailing Address
5405 CYPRESS CENTER DRIVE
STE 320
TAMPA FL 33609

A0039321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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~~

106 S. TAMPA AVENUE
SUITE 200
TAMPA, FL 33609

Name

HOLCOMB, VICTOR W.

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

106 S. TAMPA AVENUE

SUITE 200

City

TAMPA

FL

Zip Code

33609

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GM
RATH, FRED H
5405 CYPRESS CENTER DR. 320
TAMPA FL 33609 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTLING, ROBERT
5405 CYPRESS CENTER DR, SUITE 320
TAMPA, FL 33609 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01 813-636-8860

Date Daytime Phone #

CR2E034 (10/00)