

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036909

1. Entity Name

MEYER, BONGIRNO & CRAIG, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90001 024 ***150.00

Principal Place of Business

130 S PARK AVE
WINTER PARK FL 32789

Mailing Address

130 S PARK AVE
WINTER PARK FL 32789-4315

2. Principal Place of Business

222 SOUTH NEW YORK AVE

3. Mailing Address

222 SOUTH NEW YORK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL.

City & State

WINTER PARK FL.

4. FEI Number

59-3381536

Applied For

Not Applicable

Zip

32789

Country

USA.

Zip

32789.

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, GREGORY A
130 S PARK AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name KEITH J. BONGIRNO

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

222 SOUTH NEW YORK AVE.

City WINTER PARK

FL

Zip Code 32789.

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

01.06.00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, GREGORY A	
STREET ADDRESS	130 S PARK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, JAMES	
STREET ADDRESS	130 S PARK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONGIRNO, KEITH	
STREET ADDRESS	130 S PARK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, GREGORY A	
STREET ADDRESS	222 SOUTH NEW YORK AVE.	
CITY-ST-ZIP	WINTER PARK, FL. 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIRNO KEITH J.	
STREET ADDRESS	222 SOUTH NEW YORK AVE.	
CITY-ST-ZIP	WINTER PARK, FL. 32789.	
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 all address with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.06.00

Date

407.628.1982.

Daytime Phone #

CR2E034 (9/99)