## **FILED**

## Feb 27, 2001 8:00 am Secretary of State

02-27-2001 90342 042 \*\*\*150.00

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DÖCUMENT # P96000046662

THE ROGERS GROUP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1206 MANATEE AVE., W. **BRADENTON FL 34205** 

1206 MANATEE AVE., W. **BRADENTON FL 34205** 



2. Principal Place	e of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	<u>-</u>	City & State			4. FEI Number 58-2264650	Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	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				
HENDRICKSON, ROBERT W III 1206 MANATEE AVE., W. BRADENTON FL 34205				Name Street Address (P.O. Box Number is Not Acceptable)				
DRADEN				City	FL	Zip Code		
8. The above nar	ned entity submits this statem	ent for the purpose of char	nging its register	ed office or re	gistered agent, or both, in the State of Florida.			
SIGNATURE								
Sign	ature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registere	ed Agent signature r	equired when reinstating) DATE			

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back)			Make Check Payable to Department of State		P   Trust Fund Contribution.	L) Added	10 Fees
11.	Of	FICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROGERS, GORDON 808 STEEPLECHASE BRENTWOOD TN 37		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

rivereby ceruly that the information supplied with this filling 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 Chanter 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: