

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048738(4)

1. Entity Name

ROSS, FORSTER, SCILLIA & BROOKS, INC.

FILED

00 JUN 13 AM 11:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2419 E COMMERCIAL BLVD, Suite 307
FT LAUDERDALE, FL 33308

Mailing Address

2419 E COMMERCIAL BLVD, Suite 307
FT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5/8/00 98007 016 \$150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1779213

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

SCILLIA MICHAEL

2805 EAST OAKLAND PARK BLVD, STE 110
FT LAUDERDALE, FL 33306

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	CS, CEO, SECRETARY	<input type="checkbox"/> Delete
NAME	SCILLIA, MICHAEL V	
STREET ADDRESS	2419 E COMMERCIAL BLVD, Suite 307	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	FOR	<input type="checkbox"/> Delete
NAME	FISCHER, KAREN Z	
STREET ADDRESS	20869 PINAR TRAIL	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	FOR	<input type="checkbox"/> Delete
NAME	KERSEY, KRISTA A.	
STREET ADDRESS	1000 NW 48th Street	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
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.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT, PRINCIPAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2419 E COMMERCIAL BLVD, Suite 307.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL V. SCILLIA

06/06/00

Date

954-202-9980

Daytime Phone #

CR2E034 (9/99)