

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90059 029 \*\*\*150.00

0410026

**DOCUMENT # P96000092197**

1. Entity Name

**ROSSLAR, INC.**

Principal Place of Business

**4567 BEE RIDGE RD  
 SARASOTA FL 34233**

Mailing Address

**4509 BEE RIDGE RD., # B  
 SARASOTA FL 34233**

2. Principal Place of Business

**6635 BRENTFORD ROAD**

3. Mailing Address

**40 S. PINEAPPLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**65-0713826**

Applied For

Not Applicable

Zip

**34241**

Country

Zip

**34241**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GELDENHUYS, LAURIE J  
 4532 ASCOT CIRCLE N.  
 SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name

**LAURIE J. GELDENHUYS**

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

**6635 BRENTFORD ROAD**

City

**SARASOTA**

**FL**

Zip Code  
**34241**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**26TH APRIL 2001**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GIANNINI, ANNA</b>	
STREET ADDRESS	<b>3047 GOODWATER ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GELDENHUYS, LAURIE J</b>	
STREET ADDRESS	<b>4532 ASCOT CIRCLE N.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GELDENHUYS, ROSANNA F</b>	
STREET ADDRESS	<b>4532 ASCOT CIRCLE N.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REMOVED</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAURIE J. GELDENHUYS</b>	
STREET ADDRESS	<b>6635 BRENTFORD ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34241</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSANNA F. GELDENHUYS</b>	
STREET ADDRESS	<b>6635 BRENTFORD ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34241</b>	
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 an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**LAURIE J. GELDENHUYS**

**26TH APRIL 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)