

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100670

1. Entity Name

ROBERT F. BUNTROCK, P.A.

R

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90004 011 \*\*\*150.00

Principal Place of Business

29 GEORGETOWN  
FORT MYERS FL 33919

Mailing Address

1318 LAFAYETTE ST.  
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714885

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

BUNTROCK, ROBERT F  
29 GEORGETOWN  
FORT MYERS FL 33919

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PD  
BUNTROCK, ROBERT F  
29 GEORGETOWN  
FORT MYERS FL 33919 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Robert F. Buntrock* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

Date

Daytime Phone #

CR2E034 (5/00)

*Attachment doc #*  
*096000100670*  
*80105140*  
**Hill & Company** CPA'S P.A.

**CERTIFIED PUBLIC ACCOUNTANTS**

August 30, 2000

Division of Corporations  
Annual Reports Filings/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Robert F Buntrock, PA

Please accept this late filed Annual Report for the year 2000. We also request that you wave the late filing fee and penalties. We are enclosing the amount of \$150.00 for the Annual Report fee.

Unfortunately, we did not receive the first Annual Report. Our office receives many of these reports for our clients, but we never received the first one for this client. We only realized this when the second notice arrived at our office.

Again, we ask that you waive the current year late fee.

Thank you.

Sincerely,

*Marc S. Whitfield, CPA*  
Marc S. Whitfield, CPA-  
Hill & Company, CPA's PA