

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90182 020 ***150.00

DOCUMENT # P97000003355

1. Entity Name

WILLIAM L ROGERS, P.A.

Principal Place of Business

5150 TAMiami TRAIL N
SUITE 500
NAPLES FL 34103

Mailing Address

5150 TAMiami TRAIL N
SUITE 500
NAPLES FL 34103-2822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 501

Suite, Apt. #, etc.

Suite 501

City & State

City & State

4. FEI Number **65-0720037**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROGERS, WILLIAM L
5150 TAMiami TRAIL N
SUITE 500 501
NAPLES FL 34103

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

William L Rogers
Signature, typed or printed name of registered agent and date if applicable

William L Rogers, Pres./P.A.
(NOTE: Registered Agent signature required when reinstating)

1-22-00
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 **P** ☐ Delete
NAME **ROGERS, WILLIAM L**
STREET ADDRESS **5150 TAMiami TRAIL N, STE. 500 501**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Additor
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CITY-ST-ZIP

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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:

William L Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-00
Date

941 435 1375
Daytime Phone #