

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005108

1. Entity Name

ROGAN, ROSENBERG & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

670 2ND STREET NORTH
STE A
SAFETY HARBOR FL 34695
US

670 2ND STREET NORTH
STE A
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0718838

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

KAGAN, EDWIN B
2709 ROCKEY POINT DRIVE
SUITE 102
TAMPA FL 33607

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROGAN, MICHAEL G
STREET ADDRESS 3116 OYSTER BAYOU WAY
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

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

TITLE EVPS
NAME ROSENBERG, ALAN L
STREET ADDRESS 5623 GOLDFISH STREET
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS 245 4th Street North
CITY-ST-ZIP SAFETY Harbor, FL 34695 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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: Alan L. Rosenberg Alan L. Rosenberg

2/7/2001

727-712-3400
Daytime Phone # 64712

0010873

CR2E034 (10/00)