

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012215

1. Entity Name

ROBERT M. GARDNER, P.A.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90022 034 ***150.00

Principal Place of Business

611 N WYMORE ROAD
SUITE 219
WINTER PARK FL 32789

Mailing Address

611 N WYMORE ROAD
SUITE 219
WINTER PARK FL 32789

80052917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2699 LEE RD
Suite, Apt. #, etc.
STE 320
City & State
WINTER PARK FL
Zip
32789

3. Mailing Address

2699 LEE RD
Suite, Apt. #, etc.
STE 320
City & State
WINTER PARK FL
Zip
32789

4. FEI Number 59-3436295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, ROBERT M
611 N WYMORE ROAD
SUITE 219
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2699 LEE RD
STE 320
City & State
WINTER PARK FL Zip Code
32789

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
GARDNER, ROBERT M
611 N WYMORE ROAD SUITE 219
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ROBERT M. GARDNER
2699 LEE RD SUITE 320
WINTER PARK FL 32789 ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)