2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000024051 Mar 03, 2000 8:00 am **Secretary of State** ROBERT C. CROPPER, DPM, P.A. 03-03-2000 90261 040 ***150.00 Principal Place of Business Mailing Address 1800 SECOND STREET #900 1800 SECOND STREET #900 SARASOTA FL 34236 SARASOTA FL 34236-5997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0736911 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALLACH, JORDAN L Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET #900 SARASOTA FL 34236 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE Change CROPPER, ROBERT M NAME STREET ADDRESS 1800 SECOND STREET #900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 · Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 feront is fulful 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 receipt or typical effect to supplemental feront is fulful. The supplemental feront is supplemental feront in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt or typical feront is supplemental. The supplemental feront is supplemental feront in the supplemental feront is supplemental feront in the supplemental feront is supplemental. accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if