

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054008

1. Entity Name

THE CONTINENTAL GROUP, INC.

Principal Place of Business

2950 N. 28TH TERRACE
HOLLYWOOD FL 33029

Mailing Address

2950 N. 28TH TERRACE
HOLLYWOOD FL 33020-1301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0800339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E
STEARNS WEAVER MILLER ET AL
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130

7. Name and Address of New Registered Agent

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, 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

TITLE PSD
NAME STRUNIN, RICHARD
STREET ADDRESS 12079 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE D
NAME GOMBERG, GENE
STREET ADDRESS 12079 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE VP
NAME CHRISTENSEN, STEVEN J
STREET ADDRESS 12079 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE D
NAME HENNICK, JAY A
STREET ADDRESS 12079 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE D
NAME PATTERSON, SCOTT
STREET ADDRESS 12079 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ 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 ☐ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

1/12/00 (954) 925-8200
2288

2000/1/12/00