

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90036 015 \*\*\*150.00

**DOCUMENT # P97000089032**

1. Entity Name

**THE ROSSI'S OF MEADOW WOOD, INC.**

Principal Place of Business

Mailing Address

**2734 MEADOW WOOD DRIVE  
 CLEARWATER FL 33761**

**2734 MEADOW WOOD DRIVE  
 CLEARWATER FL 33761**

2. Principal Place of Business

**2674 McMullen Booth Rd**

3. Mailing Address

**2674 McMullen Booth Rd**

Suite, Apt. #, etc.

**#1115**

Suite, Apt. #, etc.

**#1115**

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

Zip

**33761**

Country

**USA**

Zip

**33761**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3471938**

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

**ROSSI, CATHY J  
 2734 MEADOW WOOD DRIVE  
 CLEARWATER FL 33761**

Name

**ROBERT J. ROSSI**

Street Address (P.O. Box Number is Not Acceptable)

**2674 McMullen Booth Rd, #1115**

City

**CLEARWATER**

FL

Zip Code

**33761**

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

**ROBERT J. ROSSI**

*Robert Rossi*

**4/30/01**

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 **SVP** ☐ Delete  
 NAME **ROSSI, ROBERT J**  
 STREET ADDRESS **2734 MEADOW WOOD DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
 NAME **2674 McMullen Booth Rd**  
 STREET ADDRESS **#1115 CLEARWATER, FL**  
 CITY-ST-ZIP **33761**

TITLE **PT** ☒ Delete  
 NAME **ROSSI, CATHY J**  
 STREET ADDRESS **2734 MEADOW WOOD DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
 NAME **DELETE CATHY J. ROSSI**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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 an officer like empowered.

SIGNATURE:

*Robert Rossi*

**ROBERT J ROSSI**

**4/30/01**

**727-797-9442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)