

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091489

1. Entity Name

REED ROBERTS MARKETING COMMUNICATIONS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90010 037 \*\*\*150.00

Principal Place of Business

2300 PALM BEACH LAKES BLVD  
300  
WEST PALM BEACH FL 33409  
US

Mailing Address

2300 PALM BEACH LAKES BLVD  
300  
WEST PALM BEACH FL 33409-3311  
US

2. Principal Place of Business

5130 FOXHALL DR. N.

3. Mailing Address

5130 FOXHALL DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL. WEST PALM BEACH, FL.

Zip

Country

33417

Zip

Country

33417



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0790253

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARX, ROBERT R  
STREET ADDRESS 2300 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5130 FOXHALL DR. N.  
CITY-ST-ZIP WEST PALM BEACH, FL. 33417 ☒ Change ☐ Addition

TITLE V  
NAME RAYSIDE, THOMAS H  
STREET ADDRESS 5543 EDMONDS PIKE #187  
CITY-ST-ZIP NASHVILLE TN 37211 ☐ Delete

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

TITLE ST  
NAME TOD, ANDREW S  
STREET ADDRESS 2300 PALM BEACH LAKES BLVD #300  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE AS  
NAME ZELLER, SUZANNE T  
STREET ADDRESS 411 SOUTH COUNTY ROAD, SUITE 200  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)