## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P97000093486 1. Entity Name RODGERS MANAGEMENT GROUP, INC. 04-28-2001 90021 001 \*\*\*150.00 Principal Place of Business Mailing Address 3000 NE 30TH PLACE 3000 NE 30TH PLACE STE 400 STE 400 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 HS 3. Mailing Addr Principal Place of Business 1401 East Atlantic Blad OI EAST Atlantic Blu DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0793949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOEMAKER, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2050 E OAKLAND PARK BLVD #202 FT LAUDERDALE FL 33306-1121 Zip Code FL ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. red 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE RODGERS, KENNETH JR NAME NAME 2631 NE 5 STREET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE RODGERS, LLOYD K. NAME NAME 751 SE 6 TERRACE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-7IP CITY-ST-ZIP - Delete TITLE - Change . - 🗔 Addition--TITLE .... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

MATUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4.23.01 9549469

Daytime Phone #

Change

Addition