

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100105

1. Entity Name

FLORIDA ADMINISTRATORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 U.S. Highway ONE

Suite, Apt. #, etc.

SUITE 200

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

U.S.A.

3. Mailing Address

701 U.S. Highway ONE

Suite, Apt. #, etc.

SUITE 200

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

U.S.A.

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4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE E. HARRIS

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

11380 PROSPERITY FARMS RD, STE. 201

City

PALM BEACH GARDENS,

FL

Zip Code

33410

DO NOT WRITE
IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAM A. STEPHENS
701 U.S. Highway ONE, SUITE 200
NORTH PALM BEACH, FL 33408

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SAMUEL L. STEPHENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM A. STEPHENS

Date

561-840-7171

Daytime Phone: #

CR2E034B (12/01)