

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000522

1. Entity Name

RITA M. ROGERS REALTOR, INC.

FILED

00 JUN 23 AM 7:44

Principal Place of Business

403 WHITEHEAD STREET
KEY WEST FL 33040

Mailing Address

403 WHITEHEAD STREET
KEY WEST FL 33040-4503

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1311 20th St.

3. Mailing Address

1311 20th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

65-0803777

City & State

Key West, FL.

City & State

Key West, FL.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ROGERS, RITA M
403 WHITEHEAD STREET
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1311 20th St.
Key West, FL. 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROGERS, RODNEY P
403 WHITEHEAD STREET
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1311 20th St.
Key West, FL. 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003349625--3
-08/08/00--01070--012
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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 #

x Rita M. Rogers Realtor Inc. 6/10/00 (305) 293-0323

0159531

014 (9/93)



Joseph C. Crandall, Ltd.
Certified Public Accountants

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May 30, 2000


Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

I am writing this letter to ask that the \$400.00 late fee be waived for Rita Rodgers due to the fact that the CPA handling this for Rita was diagnosed with brain cancer earlier this year and died April 27, 2000. I have now taken over the accounting practice and am taking care of all the back logged issues. We would appreciate your sensitivity in this case.

If you have any questions please call 630.262.8000.

Sincerely,


Kristy J. Giffey, CPA