

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029763

1. Entity Name

~~ROOT FOR US, INC.~~

**BirchTrees.Com, Inc.**

Principal Place of Business

Mailing Address

~~7407 SE HILL TERR.~~  
~~HOBE SOUND FL 33455~~

~~7407 SE HILL TERR.~~  
~~HOBE SOUND FL 33455-3851~~

2. Principal Place of Business

**851 SE Monterey Commons Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**851 SE Monterey Common Blvd.**

Suite, Apt. #, etc.

City & State

**Stuart, FL**

City & State

**Stuart, FL**

Zip

Country

**34996**

Zip

Country

**34996**

4. FEI Number

**65-0829571**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER, WILLIAM C**

~~7407 SE HILL TERR.~~

~~HOBE SOUND FL 33455~~

**851 SE Monterey Commons Blvd.**

**Stuart, FL 34996**

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)

**4/4/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**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.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, SUSAN R</b>	
STREET ADDRESS	<b>7211 SE GOLFHOUSE DR.</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, JOHN W</b>	
STREET ADDRESS	<b>7211 SE GOLFHOUSE DR.</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, JOSEPH B</b>	
STREET ADDRESS	<b>7211 SE GOLFHOUSE DR.</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, WILLIAM C</b>	
STREET ADDRESS	<b>7407 SE HILL TERRACE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, JOHN W JR</b>	
STREET ADDRESS	<b>137 WEST 74TH ST, APT 8</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, WILLIAM C.</b>	
STREET ADDRESS	<b>851 SE Monterey Commons Blvd.</b>	
CITY-ST-ZIP	<b>Stuart, FL 34996</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, JOHN W. JR.</b>	
STREET ADDRESS	<b>1100 Liberty Ave. #1003</b>	
CITY-ST-ZIP	<b>Pittsburgh, PA 15222</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melissa Boucher</b>	
STREET ADDRESS	<b>1100 Liberty Avenue, #1003</b>	
CITY-ST-ZIP	<b>Pittsburgh, PA 15222</b>	

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 #

**William C. Fowler** (561) 283-3838



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90038 030 \*\*\*158.75