

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
6755-2001-90082 046 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000030429

1. Entity Name
CONSORT, INC.

Principal Place of Business
2500 WEST LAKE MARY BLVD
SUITE 110
LAKE MARY FL 32746

Mailing Address
2500 WEST LAKE MARY BLVD
SUITE 110
LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
575 LAKE Bingham Road
Suite, Apt. #, etc.

3. Mailing Address
575 LAKE Bingham Road
Suite, Apt. #, etc.

City & State
Lake Mary, FL
Zip
32746
Country
USA

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Lake Mary, FL
Zip
32746
Country
USA

4. FEI Number 59-3531269
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

KERSENBROCK, ROBERT D
2500 WEST LAKE MARY BLVD
SUITE 110
LAKE MARY FL 32746

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 *Robert D Kersebrook*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-16-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME KERSENBROCK, ROBERT D
STREET ADDRESS 2500 W LAKE MARY BLVD #110
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE V
NAME MACRAE, ROBBIE
STREET ADDRESS 50 CHESTNUT ST, STE #4
CITY-ST-ZIP DOVER NH 03820 ☐ Delete

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

TITLE S
NAME SWANSON, DAVID R
STREET ADDRESS 1248 POST ROAD E
CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

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

TITLE T
NAME RAY, JANIE C
STREET ADDRESS 2500 W LAKE MARY BLVD #110
CITY-ST-ZIP LAKE MARY FL 32746 ☐ 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: *Robert D Kersebrook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01 407-324-9113
Date Daytime Phone #