

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044648

1. Entity Name

THE CENTRAL FLORIDA RUTLEDGE COMPANY, INC.

Principal Place of Business

1276  
1474 32ND AVE SW  
VERO BEACH FL 32968  
US

Mailing Address

1276  
1474 32ND AVE..S.W.  
VERO BEACH FL 32968-5903

2. Principal Place of Business

1276 32nd Ave SW

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

FC.

Zip

32968

Country

IND. RIVER

Zip

32968

Country

IND. RIVER

6. Name and Address of Current Registered Agent

RUTLEDGE, TERRY K

1474 32ND AVE., S.W.

VERO BEACH FL 32968

1276 32nd Ave SW

7. Name and Address of New Registered Agent

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

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

RUTLEDGE, TERRY

1474 32 AVE., S.W.

VERO BEACH FL 32968

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

RUTLEDGE, DONNA

1474 32 AVE., S.W.

VERO BEACH FL 32968

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

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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 Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90007 028 \*\*\*150.00

80015273



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3512357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required