

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086698

1. Entity Name

THE FLORIDA DAVIS GROUP, P.A.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90012 043 \*\*\*150.00

Principal Place of Business

317 NASSAU COURT  
MARCO ISLAND FL 34145

Mailing Address

317 NASSAU COURT  
MARCO ISLAND FL 34145-4013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRAMER, FREDERICK C  
950 N COLLIER BLVD STE 201  
MARCO ISLAND FL 34145

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------------|--|---|
| D<br>DAVIS, F D<br>317 NASSAU COURT<br>MARCO ISLAND FL 34145      | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
| D<br>DAVIS, NICOLA T<br>317 NASSAU COURT<br>MARCO ISLAND FL 34145 | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
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|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|   | <input type="checkbox"/>        |  | <input type="checkbox"/>  |

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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*FREDERICK C KRAMER*  
FREDERICK C KRAMER

3/15/2000

941-394-8121

CR2E034 (9/99)