

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096923

1. Entity Name

UNIVERSAL SPECIALTY GROUP, INC.

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

04-11-2000 90245 040 \*\*\*150.00

Principal Place of Business

Mailing Address

14310 N DALE MABRY  
STE 301  
TAMPA FL 33618

14310 N DALE MABRY  
STE 301  
TAMPA FL 33618-2059

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3543537

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

ERICKSON, ROBERT L  
4620 WESTFORD CIRCLE  
TAMPA FL 33624

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	P	<input type="checkbox"/> Delete
NAME	HORTON, GERALD W	
STREET ADDRESS	14020 CLUBHOUSE CIR #2003	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	ERICKSON, ROBERT L	
STREET ADDRESS	4620 WESTFORD CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ERICKSON, PATRICIA M	
STREET ADDRESS	4620 WESTFORD CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HORTON, SUSAN M	
STREET ADDRESS	14020 CLUBHOUSE CIR #2003	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5008 AVENUE AVIGNON	
CITY-ST-ZIP	LUTZ, FLORIDA 33549	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5008 AVENUE AVIGNON	
CITY-ST-ZIP	LUTZ, FLORIDA 33549	
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		

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:

*Gerald W. Horton*  
GERALD W. HORTON, EXECUTIVE VICE PRESIDENT

04/05/00

Date

(813)264-2010

Daytime Phone #

CR2E034 (9/99)