

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104688

1. Entity Name

RUSS GROUP, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90012 002 ***158.75

Principal Place of Business

253 CENTER CT
VENICE FL 34292

Mailing Address

P.O. BOX 1996
VENICE FL 34284-1996

2. Principal Place of Business

253 Center Ct.

3. Mailing Address

253 Center Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

4. FEI Number

59-3561386

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSS, GARLAND E
1335 WHISPERING LANE
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

Garland E. Russ

Street Address (P.O. Box Number is Not Acceptable)

5837 JACKSON LANE

City

VENICE

FL

Zip Code

34293

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

x 3/13/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSS, BETTE	
STREET ADDRESS	1335 WHISPERING LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSS, GARLAND	
STREET ADDRESS	1335 WHISPERING LANE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5837 Jackson Lane
CITY-ST-ZIP	Venice, FL 34292
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5837 Jackson Lane
CITY-ST-ZIP	Venice, FL 34292
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	

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 #

3/13/00 941-493-2702

CR2E034 (9/99)