

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90068 037 ***150.00

DOCUMENT # P99000056277

1. Entity Name

LAW OFFICE OF ANDREW FROMAN, P.A.

Principal Place of Business

**27 FLETCHER AVENUE
 SARASOTA FL 34237**

Mailing Address

**27 FLETCHER AVENUE
 SARASOTA FL 34237**

2. Principal Place of Business

5310 DOMINICA CIRCLE

3. Mailing Address

5310 DOMINICA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

4. FEI Number

65-0928193

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

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

**FROMAN, ANDREW P.A.
 27 FLETCHER AVENUE
 SARASOTA FL 34237**

Name

ANDREW FROMAN

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

5310 DOMINICA CIRCLE

City

SARASOTA

FL

Zip Code

34233

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, 2001 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 **D** ☒ Delete
 NAME **FROMAN, ANDREW**
 STREET ADDRESS **27 FLETCHER AVENUE**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **P, D** ☒ Change ☐ Addition
 NAME **FROMAN ANDREW**
 STREET ADDRESS **5310 DOMINICA CIRCLE**
 CITY-ST-ZIP **SARASOTA, FLORIDA 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

1/17/2001

Date

941-957-3800

Daytime Phone #

CR2E034 (10/00)