

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057649

1. Entity Name

ROSEWOOD HOUSE II, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90009 017 ***150.00

C0043434



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3175 BELCHER ROAD NORTH
PALM HARBOR FL 34683

Mailing Address

3175 BELCHER ROAD NORTH
PALM HARBOR FL 34683

2. Principal Place of Business

3175 BELCHER RD. N.

3. Mailing Address

3175 BELCHER RD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL. 34683

City & State

PALM HARBOR, FL. 34683

Zip

334683

Country

PINELLAS

Zip

334683

Country

PINELLAS

4. FEI Number

59-3583382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ROBERT W
3175 BELCHER ROAD NORTH
PALM HARBOR FL 34683

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 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE C.E.O.
NAME CHERYL T. MOORE
STREET ADDRESS 1956 SOUVENIR DR.
CITY-ST-ZIP CLEARWATER, FL. 33755 ☐ Delete

TITLE PRESIDENT
NAME ROBERT W. MOORE
STREET ADDRESS 1956 SOUVENIR DR.
CITY-ST-ZIP CLEARWATER, FL. 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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:

Robert W. Moore, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

727-415-7800

Daytime Phone #

CR2E034 (9/99)