

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081300

1. Entity Name

COTTER & ASSOCIATES, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90057 004 ***150.00

Principal Place of Business

Mailing Address

4867 FLAMINGO ROAD
TAMPA FL 33611

4867 FLAMINGO ROAD
TAMPA FL 33611-1025

2. Principal Place of Business

3. Mailing Address

767 CORTARO DRIVE

767 CORTARO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER FL

City & State

SUN CITY CENTER FL

4. FEI Number

59-3597594

Applied For

Not Applicable

Zip

33573

Country

USA

Zip

33573

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

COTTER, GARY W
4867 FLAMINGO ROAD
TAMPA FL 33611

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	D	<input type="checkbox"/> Delete
NAME	COTTER, GARY W	
STREET ADDRESS	4867 FLAMINGO ROAD	
CITY-ST-ZIP	TAMPA FL 33611	
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		

TITLE	D P T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTER, GARY W.	
STREET ADDRESS	4867 FLAMINGO RD	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTER, SHIRLEY A.	
STREET ADDRESS	4867 FLAMINGO RD	
CITY-ST-ZIP	TAMPA, FL 33611	
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		

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 #

CR2E034 (9/99)