

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085908

1. Entity Name

TERRENCE LASTER, P.A.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90324 030 \*\*\*150.00

Principal Place of Business

Mailing Address

84 DAVIS BLVD., SUITE 308  
TAMPA FL 33606

84 DAVIS BLVD., SUITE 308  
TAMPA FL 33606-3421

2. Principal Place of Business

405 2nd St. S, Ste C  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 4285  
Suite, Apt. #, etc.

City & State

Safety Harbor FL

City & State

Tampa, FL

Zip

34695

Country

Pinellas

Zip

33677-4285

Country

Hillsborough

4. FBT Number

59-33600271

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASTER, TERRENCE L  
84 DAVIS BLVD., SUITE 308  
TAMPA FL 33606

Name

Terrence Laster

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

PO Box 4285 405 2nd Street South

City

Safety Harbor FL

Zip Code

34695

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

Terrence Laster

03/28/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
LASTER, TERRENCE L  
84 DAVIS BLVD., SUITE 308  
TAMPA FL 33606 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

Terrence Laster

03/28/00 (727) 712-1811

Date

Daytime Phone #

CR2E034 (9/99)