

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091002

1. Entity Name

VIDEOLAW.COM, INC.

FILED

00 SEP -1 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7301 CHAMELEON WAY  
SARASOTA FL 34241

7711 Holiday Drive  
Sarasota, FL 34231

Mailing Address

7301 CHAMELEON WAY  
SARASOTA FL 34241

7711 Holiday Drive  
Sarasota, FL 34231

2. Principal Place of Business

7711 Holiday Drive

Suite, Apt. #, etc.

3. Mailing Address

7711 Holiday Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

USA

City & State

Sarasota, Florida

Zip

34231

Country

USA

4. FEI Number

59-3604799

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLGATE, KIMBERLY A  
7301 CHAMELEON WAY  
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

Kimberly Adams Colgate

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

7711 Holiday Drive

City

Sarasota

FL

Zip Code

34231

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)

XX

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 XX Delete  
NAME COLGATE, PAUL A  
STREET ADDRESS 7301 CHAMELEON WAY  
CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☐ Delete  
NAME COLGATE, KIMBERLY A  
STREET ADDRESS 7301 CHAMELEON WAY  
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 900003381699--3  
STREET ADDRESS -09/05/00--01092--003  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE P/D XX Change ☐ Addition  
NAME Kimberly Adams Colgate  
STREET ADDRESS 7711 Holiday Drive  
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ Change ☐ Addition  
NAME 900003381699--3  
STREET ADDRESS -09/05/00--01092--004  
CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.31.00

Date

Daytime Phone #

CR2004/1500