

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094262

1. Entity Name

WINTHROP INVESTMENT COMPANY

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90050 004 ***150.00

716948



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1206 MILLENNIUM PARKWAY SUITE 2000
BRANDON FL 33511

Mailing Address
1206 MILLENNIUM PARKWAY SUITE 2000
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

P.O. Box 2638

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FL

4. FEI Number

65-0959442

Applied For

Not Applicable

Zip

Country

Zip

Country

33509-2638

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

SULLIVAN, JOHN E

1206 MILLENNIUM PARKWAY SUITE 2000

BRANDON FL 33511

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
SULLIVAN, JOHN E
1206 MILLENNIUM PARKWAY SUITE 2000
BRANDON FL 33511 ☐ Delete

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. SULLIVAN

Date

Daytime Phone #

(813) 681-3480

CR2E034 (10/00)