

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102618

1. Entity Name

THE ROSSMORE GROUP, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90005 049 ***150.00

Principal Place of Business

Mailing Address

145 BYRON STREET
 PORT ST. LUCIE FL 34983

145 BYRON STREET
 PORT ST. LUCIE FL 34983

2. Principal Place of Business

10147 BOCA ENTRADA BLVD

3. Mailing Address

10147 BOCA ENTRADA BLVD

Suite, Apt. #, etc.

Suite 127

Suite, Apt. #, etc.

Suite 127

City & State

BOCA RATON FL.

City & State

BOCA RATON FL 3

4. FEI Number

65-0963169

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

33428

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 PSTD
 NAME SPILSBURY, JACK
 STREET ADDRESS 145 BYRON STREET
 CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

TITLE PSTD
 NAME SPILSBURY JACK
 STREET ADDRESS 10147 BOCA ENTRADA BLVD #127
 CITY-ST-ZIP BOCA RATON FL 33428 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK SPILSBURY

4/23/2000

561-218-6217

Date

Daytime Phone #

CR2E034 (9/99)