

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90004 033 \*\*\*550.00

9869800  
 AV

**DOCUMENT # S09200**

1. Entity Name

**ROBERT D. GLASER, PH.D., P.A.**

Principal Place of Business

**1509 W SWANN AVE  
 SUITE 280  
 TAMPA FL 33606**

Mailing Address

**1509 W SWANN AVE  
 SUITE 280  
 TAMPA FL 33606**

2. Principal Place of Business

**607 W. M.L. King Blvd**

3. Mailing Address

**607 W. M.L. King**

Suite, Apt. #, etc.

**1**

Suite, Apt. #, etc.

**Suite 103**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33603**

Country

Zip

**33603**

Country

4. FEI Number

**59-3037655**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GLASER, ROBERT D.  
 1509 W SWANN AVE., #280  
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

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

**607 W. M.L. King Blvd**

City

**TAMPA**

FL

Zip

**33603**

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

*Robert Glaser*

**Robert GLASER**

**7-12-01**

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. ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee 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 **PVTS** ☐ Delete  
 NAME **GLASER, ROBERT D**  
 STREET ADDRESS **1509 W SWANN AVE #280**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ Delete  
 NAME **GLASER, ROBERT D.**  
 STREET ADDRESS **1509 W SWANN AVE #280**  
 CITY-ST-ZIP **TAMPA FL**

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 **607 W. M.L. King Blvd #103**  
 STREET ADDRESS **TAMPA FL 33603**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **607 W. M.L. King Blvd**  
 STREET ADDRESS **TAMPA, FL 33603**  
 CITY-ST-ZIP

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

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 another name empowered.

SIGNATURE:

*Robert Glaser*

**7-12-01**

**813**

**238-3833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)