

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73987

1. Entity Name

R.J. OSTEEN & CO., INC.

Principal Place of Business

6602 US HWY 19
NEW PORT RICHEY FL 34652

Mailing Address

6602 US HWY 19
NEW PORT RICHEY FL 34652-1739

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3145839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRCH, ANN M.
6602 U.S. HWY 19
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name THOMAS R. BIRCH
Street Address (P.O. Box Number is Not Acceptable)
6602 U.S. HWY 19
City NEW PORT RICHEY FL Zip Code 34652

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

Thomas R. Birch
Signature, typed or printed name of registered agent and title if applicable.

THOMAS R. BIRCH PRESIDENT

4/4/00

(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 P ☐ Delete
NAME BIRCH, ANN M
STREET ADDRESS 7209 ARBOR VIEW LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP ☐ Delete
NAME BIRCH, THOMAS R.
STREET ADDRESS 7209 ARBOR VIEW LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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 VP ☒ Change ☐ Addition
NAME ANN M. BIRCH
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME THOMAS R. BIRCH
STREET ADDRESS SAME
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 all other like empowered.

SIGNATURE

Thomas R. Birch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

(727) 849-8866
Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90092 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR: 014 (3/98)