

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91133 043 \*\*\*150.00

**DOCUMENT # 227509**

1. Entity Name  
**M.M. PARRISH AND ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**1405 NW 13TH STREET 1405 NW 13TH STREET**  
**GAINESVILLE FL 32601 ~~203 N.E. FIRST ST.~~**  
**GAINESVILLE FL 32601**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**2772-S NW 43rd St.**

City & State City & State  
**Gainesville, FL 32606**

Zip Country Zip Country

4. FEI Number **59-6065614** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**A0061558**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BARBER, W. HENRY, JR.**  
**203 N.E. FIRST ST.**  
**GAINESVILLE FL 32601**

Name **CHARLES I. HOLDEN, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2772-S NW 43rd Street**  
 City **Gainesville** **FL** Zip Code **32606**

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 *Charles I. Holden, Jr.* **Charles I. Holden, Jr.** **x 4-27-2001**  
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	<b>CD PARRISH, M M 6706 S.W. 35TH WAY GAINESVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP HARRIS, AUDLEY C 6705 SW 35TH WAY GAINESVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP RITCH, SANFORD E 3325-3 PALMETTO ALACHUA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PARRISH, JAMES M 6618 SW 100TH LANE GAINESVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PARRISH, SUSAN D 6618 SW 100TH LN GAINESVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Nickerson, James F. 1405 NW 13 Street Gainesville, FL 32601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ritch, Sanford E. 55200 Newberry Rd., Bldg. C Gainesville, FL 32607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President/Director Parrish, James M. Jr. 1405 NW 13 Street Gainesville, FL 32601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer/Director Parrish, Susan D. 6618 SW 100 Lane Gainesville, FL 32608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sanford E. Ritch* **Sanford E. Ritch, President** **x 4/27/01** **(352) 373-3583**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)