2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062755

1. Entity Name

WILLIAM L. RICHEY, P.A.

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90064 017 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
FIRST UNION FINANCIAL CENTER. STE. 3450 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131-2327	FIRST UNION FINANCIAL CENTER. STE. 3450 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131-2310

2. Principal Place of Business	3. Mailing Address
5501 S.W. Sunshine Farms Way	5501 S.W. Sunshine Farms Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FLORIDA	City & State: PALM CITY, FLORIDA
Zip: 34990 Country: USA	Zip: 34990 Country: USA

4. FEI Number 65-0850048 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHEY, WILLIAM L
5501 S.W. SUNSHINE FARMS WAY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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 3/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D RICHEY, WILLIAM L 200 SOUTH BISCAYNE BLVD. #3100 MIAMI FL 33131-2327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5501 S.W. Sunshine Farms Way Palm City, Fl 34990	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Date Daytime Phone #

CR2E034 (9/99)