

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90054 010 ***150.00

0040246

DOCUMENT # 654143

1. Entity Name

FLAD & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

**3300 S.W. ARCHER ROAD
 GAINESVILLE FL 32608**

Mailing Address

**3300 S.W. ARCHER ROAD
 GAINESVILLE FL 32608**

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 **39-1346633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**VASCELLARO, MICHAEL P
 3300 S.W. ARCHER ROAD
 GAINESVILLE FL 32608**

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

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **PETERSON, MICHAEL C**
 CITY-ST-ZIP **2828 MARSHALL CT STE 200
 MADISON WI 53705**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **VASCELLARO, MIKE P**
 CITY-ST-ZIP **3300 SW ARCHER RD
 GAINESVILLE FL 32608**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **JACKSON, RALPH H**
 CITY-ST-ZIP **644 SCIENCE DRIVE
 MADISON WI 53705**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **GILLSTROM, THOMAS H**
 CITY-ST-ZIP **8602 S.W. 5TH PLACE
 GAINESVILLE FL 32608**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **MCGEE, HAROLD**
 CITY-ST-ZIP **4519 N.W. 31ST AVENUE
 GAINESVILLE FL 32608**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Robert Graves**
 CITY-ST-ZIP **644 Science Drive
 Madison, WI 53705**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Peterson
 Secretary

4/5/01
 Date

608-231-2020
 Daytime Phone #

CR2E034 (10/00)