

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 021 ***150.00

DOCUMENT # 160636

1. Entity Name

RAMGOW INC

Principal Place of Business

Mailing Address

UNIVERSITY BLVD. S. STE 235
 SUITE 200
 JACKSONVILLE FL 32216

ATTN: GERALDINE G. BROWN
 3100 UNIVERSITY BLVD. S. STE. 200
 JACKSONVILLE FL 32216-2727
 US

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 **59-6076921**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GERALDINE G
3100 UNIVERSITY BLVD. S.
SUITE 200
JACKSONVILLE FL 32216

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, 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	D	<input type="checkbox"/> Delete
NAME	MAGOWAN, FELIX	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE #200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGOWAN, ROBIN	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGOWAN, THOMAS	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIRICKSON, RICHARD E	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CLARKSON, ROEBRT W	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARKSON, PATRICIA	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK E. MAGOWAN	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGOWAN, MERRILL L.	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGOWAN, PETER A.	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, CHARLES A.	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, THOMAS	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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:

Patricia H. Clarkson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Patricia H. Clarkson, Vice President/Secretary

4/28/00

Date

(904) 359-0045

Daytime Phone #

CF2E034 (9/99)