

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160636

1. Entity Name
RAMGOW INC

Principal Place of Business
**3100 UNIVERSITY BLVD. S. STE 235
SUITE 200
JACKSONVILLE FL 32216
US**

Mailing Address
**ATTN: GERALDINE G. BROWN
3100 UNIVERSITY BLVD. S. STE. 200
JACKSONVILLE FL 32216
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, 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	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 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia H. Clarkson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia H. Clarkson, Secretary

4/26/01 **904-359-0045**
Date Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91291 005 ***150.00

RU0001346



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)