

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

**1405 NW 13TH STREET
 GAINESVILLE FL 32601**

Mailing Address

**1405 NW 13TH STREET
~~203 N.E. FIRST ST.~~
 GAINESVILLE FL 32601**

2. Principal Place of Business

3. Mailing Address
c/o Charles I. Holden, Jr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2772-S NW 43rd St.

City & State

City & State
Gainesville, FL 32606

4. FEI Number **59-6065614**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.*
 Signature, typed or printed name of registered agent and title if applicable

Charles I. Holden, Jr.

x 4-27-2001
 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
 NAME **CD PARRISH, M M** ☐ Delete
 STREET ADDRESS **6706 S.W. 35TH WAY**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE
 NAME **SVP HARRIS, AUDLEY C** ☒ Delete
 STREET ADDRESS **6705 SW 35TH WAY**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE
 NAME **EVP RITCH, SANFORD E** ☒ Delete
 STREET ADDRESS **3325-3 PALMETTO**
 CITY-ST-ZIP **ALACHUA FL**

TITLE
 NAME **PD PARRISH, JAMES M** ☒ Delete
 STREET ADDRESS **6618 SW 100TH LANE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE
 NAME **ST PARRISH, SUSAN D** ☐ Delete
 STREET ADDRESS **6618 SW 100TH LN**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **Vice-President Nickerson, James F.** ☐ Change ☒ Addition
 STREET ADDRESS **1405 NW 13 Street**
 CITY-ST-ZIP **Gainesville, FL 32601**

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

TITLE
 NAME **President Ritch, Sanford E.** ☒ Change ☐ Addition
 STREET ADDRESS **55200 Newberry Rd., Bldg. C**
 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE
 NAME **Vice-President/Director Parrish, James M. Jr.** ☐ Change ☒ Addition
 STREET ADDRESS **1405 NW 13 Street**
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE
 NAME **Secretary/Treasurer/Director Parrish, Susan D.** ☒ Change ☐ Addition
 STREET ADDRESS **6618 SW 100 Lane**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE
 NAME ☐ Change ☐ Addition
 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: *Sanford E. Ritch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sanford E. Ritch, President

Date *4/27/01* Daytime Phone # **(352) 373-3583**

CR2E034 (10/00)