

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380541

1. Entity Name

RAY INGRAM ASSOCIATES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90177 007 ***150.00

Principal Place of Business

3609-20TH AVE., DR., W.
BRADENTON FL 34205

Mailing Address

3609-20TH AVE., DR., W.
BRADENTON FL 34205-2111

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 59-1352116

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

INGRAM, BLANCHE C.
3609 - 20TH AVENUE DRIVE WEST
BRADENTON FL 33505

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 Blanche C. Ingram, Pres.
BLANCHE C. INGRAM

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2000

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	PD	<input type="checkbox"/> Delete
NAME	INGRAM, BLANCHE C.	
STREET ADDRESS	3609 - 20TH AVE.DR. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	INGRAM, JAMES L	
STREET ADDRESS	409 84TH ST NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Blanche C. Ingram
BLANCHE C. INGRAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2000 941-748-7607

Date

Daytime Phone #

CR2E034 (9/99)