

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 452905

1. Entity Name

JONES, EDMUNDS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

730 NE WALDO ROAD  
BUILDING A  
GAINESVILLE FL 32641

730 NE WALDO ROAD  
BUILDING A  
GAINESVILLE FL 32641-3631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, RICHARD H  
730 NE WALDO RD  
BLDG A  
GAINESVILLE FL 32641

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 PTD ☐ Delete  
NAME JONES, RICHARD H  
STREET ADDRESS 730 NE WALDO RD  
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE V ☐ Change ☒ Addition  
NAME LAYTON, DOUGLAS E.  
STREET ADDRESS 11709 SEAVIEW DR  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VSD ☐ Delete  
NAME EDMUNDS, ROBERT C.  
STREET ADDRESS 5417 NW 67TH ST  
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE V ☐ Delete  
NAME KEOUGH, DAVID  
STREET ADDRESS 8802 S.W. 125TH AVE.  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE V ☐ Delete  
NAME CALDWELL, KATHY  
STREET ADDRESS 4441 NORTHWEST FIRST AVE.  
CITY-ST-ZIP GAINESVILLE FL

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

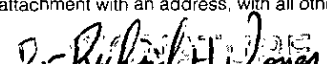
TITLE V ☐ Delete  
NAME WHITE, TERRY  
STREET ADDRESS 6401 SW 93RD AVE  
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE V ☐ Delete  
NAME LAUX, STEVEN J.  
STREET ADDRESS 3473 NW 10TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

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:  DR. RICHARD H. JONES PTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 352/377-5821

Date Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90104 039 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1533071 ☐ Applied For  
☐ Not Applicable

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

CR2E034 (9/99)