

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601869

1. Entity Name

SIMMONS AND HART, P.A.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90083 005 ***150.00

0419764

Principal Place of Business

125 NE 1ST AVE STE 1

~~P.O. BOX 3310~~

OCALA FL 34470 - 6675

US

Mailing Address

125 NE 1ST AVE STE 1

~~P.O. BOX 3310~~

OCALA FL 34470 - 34470-6675

US

A0040079



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 NE First Avenue

3. Mailing Address

125 NE First Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-1309659

Applied For

Not Applicable

Zip

34470-6675

Country

USA

Zip

34470-6675

Country

USA

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

BRYCE
ACKERMAN, BRUCE W
125 N.E. 1ST AVE., SUITE 1
SUITE 1
OCALA FL 34470

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HAINES, TIM D.
125 NE 1ST AVE STE 1
OCALA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GRAY, STEVEN H
125 NE 1ST AVE STE 1
OCALA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ACKERMAN, BRYCE
125 NE FIRST AVENUE, SUITE 1
OCALA FL 34470 ☐ Delete

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryce W. Ackerman

3/30/01

Date

Daytime Phone #

352-732-8121

CR2E034 (10/00)