

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603286

1. Entity Name

RICHARD T. JONES, P.A.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90032 028 ***150.00

Principal Place of Business

912 NE 2ND STREET
GAINESVILLE FL 32601

Mailing Address

912 NE 2ND STREET
GAINESVILLE FL 32601-4321

2. Principal Place of Business

408 W. University Avenue

Suite, Apt. #, etc.

Suite 500

City & State

Gainesville, Florida

3. Mailing Address

408 W. University Avenue

Suite, Apt. #, etc.

Suite 500

City & State

Gainesville, Florida

Zip
32601

Country
USA

Zip
32601

Country
USA

4. FEI Number

59-1370454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD T
912 NE 2ND ST
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Richard T. Jones

Street Address (P.O. Box Number is Not Acceptable)

408 W. University Avenue, Suite 500

City

Gainesville

FL

Zip Code
32601

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
JONES, RICHARD T
912 NE 2ND ST
GAINESVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Jones, Richard T.
408 W. University Avenue, Suite 500
Gainesville, Florida 32601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Hodge, Elizabeth F.
408 W. University Avenue, Suite 500
Gainesville, Florida 32601 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)