

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 643657**

1. Entity Name

JOHN R. PARRY, P.A.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90030 016 ***150.00

Principal Place of Business

**304 SW 15TH ST.
OCALA FL 34474
US**

Mailing Address

**P. O. BOX 120
CRYSTAL RIVER FL 34423-0120
US**

00014585



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1952393**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**MEER, KENNETH M.
619 EXECUTIVE DRIVE
WINTER PARK FL 32789**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 _____
NAME **PSTD
PARRY, JOHN R.** ☐ Delete
STREET ADDRESS **1218 W SPHERE PL**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**TITLE _____ ☐ Change ☐ Additor
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Change ☐ Additor
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Change ☐ Additor
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Change ☐ Additor
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Change ☐ Additor
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____TITLE _____ ☐ Change ☐ Additor
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-2000 352-680-9119