

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90022 032 ***150.00

DOCUMENT # 654143

1. Entity Name

FLAD & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3300 S.W. ARCHER ROAD
 GAINESVILLE FL 32608**

**3300 S.W. ARCHER ROAD
 GAINESVILLE FL 32608-1731**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1346633

Applied For

Not Applicable

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

**VASCELLARO, MICHAEL P
 3300 S.W. ARCHER ROAD
 GAINESVILLE FL 32608**

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 **STD** Delete
 NAME **PETERSON, MICHAEL C**
 STREET ADDRESS **2828 MARSHALL CT STE 200**
 CITY-ST-ZIP **MADISON WI 53705**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **VASCELLARO, MIKE P**
 STREET ADDRESS **3300 SW ARCHER RD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JACKSON, RALPH H**
 STREET ADDRESS **644 SCIENCE DRIVE**
 CITY-ST-ZIP **MADISON WI 53705**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **GILLSTROM, THOMAS H**
 STREET ADDRESS **8602 S.W. 5TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BA** Delete
 NAME **MCGEE, HAROLD**
 STREET ADDRESS **4519 N.W. 31ST AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VPD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Peterson
Michael C. Peterson
Secretary

4/11/00

Date

608-231-2020

Daytime Phone #

C-3 7-4-00-1111