

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698830

1. Entity Name

REFERRAL ASSOCIATES OF FLORIDA, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90063 002 ***150.00

Principal Place of Business

7710 W. COMMERCIAL BLVD.
FT LAUDERDALE FL 33319
US

Mailing Address

~~PO BOX 6600~~
~~ATTN: E KLEMENTS~~
~~CLEARWATER FL 33758 6600~~
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1650 Prudential Drive

Suite, Apt. #, etc.

Suite 400-Attn. Legal Dept.

City & State

Jacksonville, FL

Zip

32207

Country

US

4. FEI Number

13-3084484

Applied For

Not Applicable

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

Name

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

300 S. PARK PLACE BLVD. #150

City
CLEARWATER

FL

Zip Code
33759

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	D	<input type="checkbox"/> Delete
NAME	MOTTA, JAMES D	
STREET ADDRESS	7900 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	REGAN, MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HIGHWAY 19, N, STE 100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHODES, ROBERT M	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOKE, EDWIN C	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan G. Whitlatch	
STREET ADDRESS	1650 Prudential Drive, #400	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 S. PARK PLACE BLVD. #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 S. PARK PLACE BLVD #150	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	EVPT/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD W. COPE	
STREET ADDRESS	300 S. PARK PLACE BLVD. #150	
CITY-ST-ZIP	CLEARWATER FL 33759	

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: James A. Sticco 4/10/00 777-7738857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)