

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706626

1. Entity Name

FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSION

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90010 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 13089  
TALAHASSEE FL 32317

P. O. BOX 37043  
JACKSONVILLE FL 32236-7043  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0863542

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

HUISINGA, R J  
541 PERMENTO AVE  
JACKSONVILLE FL 32220

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **PLETCHER, J. WILLIAM**  
STREET ADDRESS **213 AVE. D S.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **BOOTH, RUTH E.**  
STREET ADDRESS **5214 HWY 98A**  
CITY-ST-ZIP **LAKE WARD, FL 33809**

TITLE **P** ☒ Delete  
NAME **ROBERT HUISINGA**  
STREET ADDRESS **541 PERMENTO AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **RANCOURT, DAVE**  
STREET ADDRESS **7261 BEE RIDGE RD.**  
CITY-ST-ZIP **SARASOTA, FL 34241-3809**

TITLE **VPTD** ☐ Delete  
NAME **KING, SANDRA**  
STREET ADDRESS **1307 E NORMANDY BLVD**  
CITY-ST-ZIP **DELTONA FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **CODY, CHERYL**  
STREET ADDRESS **4025 PACE RD.**  
CITY-ST-ZIP **PACE, FL 32571**

TITLE **VFPD** ☒ Delete  
NAME **BOOTH, RUTH**  
STREET ADDRESS **4444 HWY 98 N #892**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ruth E. Booth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000

Date

888-342-0051

Daytime Phone #

CR2E037 (9/99)