

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002378**

1. Entity Name

R.B. & J. ASSOCIATES, LTD.

Principal Place of Business
**226 NORTH DUVAL STREET
TALLAHASSEE FL 32301**

Mailing Address
**226 NORTH DUVAL STREET
TALLAHASSEE FL 32301-1314**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 13633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FLORIDA

4. FEI Number **65-0313517**

Applied For

Not Applicable

Zip

Country

Zip

Country

32317-3633

LEON

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

**RUDNICK, JAMES M
226 NORTH DUVAL STREET
TALLAHASSEE FL 32391**

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. Capital Contributions as Shown on record.

\$300.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000093580**
NAME **R.B. & J. ASSOCIATES, INC.**
STREET ADDRESS **226 NORTH DUVAL STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00

Date

850-671-1999

Daytime Phone #

CF 250X (1/1)