

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G08359

1. Entity Name

PROTEIN ASSOCIATES COMPANY, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90001 043 ***150.00

Principal Place of Business

Mailing Address

% W. HENRY BARBER, JR.
203 N.E. FIRST STREET
GAINESVILLE FL 32601

% W. HENRY BARBER, JR.
203 N.E. FIRST STREET
GAINESVILLE FL 32601-5367

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

901 N.W. 57th Street

Suite, Apt. #, etc.

901 N.W. 57th Street

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

59-2346646

Applied For

Not Applicable

Zip

32605

Country

Zip

32605

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

BARBER, W. HENRY, JR.
203 NE FIRST STREET
GAINESVILLE FL 32601

Name

John C. Bovay

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

901 N.W. 57th Street

City

Gainesville,

FL

Zip Code
32605

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

1/21/2000

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
STREET ADDRESS
CITY-ST-ZIP
DP
MITCHELL, ETHEL S
633 NW 8TH AVE
GAINESVILLE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mitchell, Ethel S.
901 N.W. 57th Street
Gainesville, Florida 32605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MITCHELL, SAMUEL J
633 NW 8TH AVE.
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mitchell, Samuel J.
901 N.W. 57th Street
Gainesville, Florida 32605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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 #

352-331-7376

CR2E034 (9/99)