

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G67313**

1. Entity Name

RICHARD T. ELMORE, JR., PH.D., P. A.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90074 018 ***150.00

Principal Place of Business

~~2210 S. FRONT STREET~~
~~SUITE 307~~
~~MELBOURNE FL 32901~~
~~US~~

Mailing Address

~~2210 S. FRONT STREET~~
~~SUITE 307~~
~~MELBOURNE FL 32901~~
~~US~~

2. Principal Place of Business

100 Rialto Place
Suite, Apt. #, etc.
Suite 717

3. Mailing Address

100 Rialto Place
Suite, Apt. #, etc.
Suite 717

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

59-2345361

Applied For

Not Applicable

Zip

32901-3002

Country

USA

Zip

32901-3002

Country

USA

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

ELMORE, RICHARD T JR

~~1009 HOMEWOOD AVE~~ *655 Woodbridge Dr.*
MELBOURNE FL 32940 - 1738

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

Richard T. Elmore, Jr. **Richard T. Elmore, Jr.**

3/19/01

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **ELMORE, RICHARD T., JR.**
CITY-ST-ZIP ~~1009 HOMEWOOD AVE~~
MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *655 Woodbridge Dr.*
CITY-ST-ZIP **32940-1738**

TITLE ☐ Delete
NAME **PST**
STREET ADDRESS **ELMORE, RICHARD T., JR.**
CITY-ST-ZIP ~~1009 HOMEWOOD AVE~~
MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *655 Woodbridge Dr.*
CITY-ST-ZIP **32940-1738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Richard T. Elmore, Jr.* **Richard T. Elmore, Jr.**

3/19/01

(321) 728-9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0076868

CR2E034 (10/00)