

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89458

1. Entity Name

RICHARD DEAN & ASSOCIATES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90106 008 ***150.00

Principal Place of Business

Mailing Address

415 NORTH DIXIE HWY
LAKE WORTH FL 33460
US

PO BOX 20626
WEST PALM BEACH FL 33416-0626
US

2. Principal Place of Business

817 NORTH DIXIE HIGHWAY

3. Mailing Address

POST OFFICE DRAWER 1191

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FLORIDA

City & State
LAKE WORTH, FLORIDA

4. FEI Number 59-2847606

Applied For
Not Applicable

Zip
33460

Country
USA

Zip
33260

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

DEAN, N. RICHARD
415 NORTH DIXIE HIGHWAY
204
LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)
817 NORTH DIXIE HIGHWAY

City LAKE WORTH FL Zip Code 33460

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 ☐ Delete
NAME DEAN, N. RICHARD
STREET ADDRESS 415-2 NORTH DIXIE HIGHWAY
CITY-ST-ZIP LAKE WORTH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 817 NORTH DIXIE HIGHWAY
CITY-ST-ZIP LAKE WORTH, FLORIDA 33460

TITLE S ☐ Delete
NAME SCHULTE, KATHRYN M.
STREET ADDRESS 79 SANDPIPER WAY
CITY-ST-ZIP BOYNTON BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)