

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42813

1. Entity Name

GARY F. RADLIFF, P.A.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90028 014 ***150.00

A0055041

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

1150 SOUTH U.S. HWY 1

SUITE 101

JUPITER, FL.

33477

3. Mailing Address

2385 LAUREL LANE

PALM BEACH GARDENS, FL.

33410

4. FEI Number

65-0076469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JAMES T.
860 U.S. HIGHWAY ONE
SUITE 210
N. PALM BEACH, FL. 33408

7. Name and Address of New Registered Agent

Name **GARY F. RADLIFF**
Street A **2385 LAUREL LANE** (table)
City **PALM BEACH GARDENS FL** Zip **33410**

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

Gary F. Radliff
Signature, typed or printed name of registered agent and title, applicable.

Gary F. Radliff
(NOTE: Registered Agent signature required when reinstating)

4/13/2001
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

TITLE	D	<input type="checkbox"/> Delete
NAME	RADLIFF, GARY F.	
STREET ADDRESS	2385 LAUREL LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gary F. Radliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Gary F. Radliff *4/13/2001* *1-561-626-3378*

CR2E034 (1/1/00)