

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96895

1. Entity Name

ALACHUA DESIGN PRINTING, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90054 025 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O THOMAS F. TOMBERLIN  
60 N. MAIN. P. O. BOX 1329  
ALACHUA FL 32616  
US

C/O THOMAS F. TOMBERLIN  
60 N. MAIN. P. O. BOX 1329  
ALACHUA FL 32616-1329  
US

2. Principal Place of Business

3. Mailing Address

14200 MLK Blvd

P.O. Box 1329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 10

City & State  
Alachua FL

City & State  
Alachua FL

Zip Country  
32615 Alachua

Zip Country  
32616 Alachua



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2955171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS F TOMBERLIN  
60 N MAIN STREET  
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Thomas F. Tomberlin

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

14200 MLK Blvd., Suite 10

City

Alachua

FL

Zip Code

32615

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

*Thomas F. Tomberlin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMBERLIN, THOMAS F.	
STREET ADDRESS	60 N. MAIN	
CITY-ST-ZIP	ALACHUA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EASHIRA, YAEKO	
STREET ADDRESS	60 N. MAIN	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14200 MLK Blvd, Suite 10
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14200 MLK Blvd, Suite 10
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Thomas F. Tomberlin*  
**THOMAS F. TOMBERLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

904-462-5997

Daytime Phone #

CR2E034 (9/99)