

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99977

1. Entity Name

VALERIE P. FOOTE, P.A.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90020 010 \*\*\*150.00

Principal Place of Business

Mailing Address

2750 S. RIDGEWOOD AVE.  
STE. B2  
SOUTH DAYTONA FL 32119  
US

2750 S. RIDGEWOOD AVE.  
STE. B2  
SOUTH DAYTONA FL 32119-3575  
US

2. Principal Place of Business

113 S. Orange St.  
Suite, Apt. #, etc.

3. Mailing Address

113 S. Orange St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Bch  
Zip 32168  
Country USA

City & State

New Smyrna Bch  
Zip 32168  
Country USA

4. FEI Number

59-2954626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOOTE, VALERIE P.  
138 LIVE OAK AVE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name Valerie P. Foote  
Street Address (P.O. Box Number is Not Acceptable)  
113 S. Orange St.  
City New Smyrna Bch FL Zip Code 32168

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

TITLE D ☐ Delete  
NAME FOOTE, VALERIE P.  
STREET ADDRESS 138 LIVE OAK AVE  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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 #

4/20/00

904 423 1980

CR2E034 (9/99)