

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40250

1. Entity Name

AUSTIN, BOVAY & ASSOCIATES, CHARTERED

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90279 048 \*\*\*150.00

Principal Place of Business Mailing Address

% JOHN C. BOVAY  
633 NORTHWEST 8TH AVENUE  
GAINESVILLE FL 32601

% JOHN C. BOVAY  
633 NORTHWEST 8TH AVENUE  
GAINESVILLE FL 32601-5074

2. Principal Place of Business

901 N.W. 57th Street

Suite, Apt. #, etc.

3. Mailing Address

901 N.W. 57th Street

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

59-2975197

Applied For

Not Applicable

Zip

32605

Country

US

Zip

32605

Country

US

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

Name

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

901 N.W. 57th Street

City

Gainesville,

FL

Zip Code

32605

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 NAME ☐ Delete  
BOVAY, JOHN C.  
STREET ADDRESS  
633 NORTHWEST 8TH AVENUE  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
901 N.W. 57th Street  
CITY-ST-ZIP  
Gainesville, Florida 32605

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)