

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43771

1. Entity Name

SCHRADER, JOHNSON, AUVIL & BROCK, P.A.

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

01-19-2000 90255 013 ***150.00

Principal Place of Business

Mailing Address

37837 MERIDIAN AVE
STE 314
DADE CITY FL 33525
US

37837 MERIDIAN AVE
STE 314
DADE CITY FL 33525-3802
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2985033**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, LEONARD H.
37837 MERIDIAN AVE
SUITE 314
DADE CITY FL 33525

Name

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

City

FL

Zip Code

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	DJP	<input type="checkbox"/> Delete
NAME	JOHNSON, LEONARD H.	
STREET ADDRESS	37837 MERIDIAN AVE STE 314	
CITY-ST-ZIP	ST. LEO FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	SCHRADER, JEROME G.	
STREET ADDRESS	37837 MERIDIAN AVE STE 314	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AUVIL, JON L	
STREET ADDRESS	37837 MERIDIAN AVE STE 314	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BROCK, P HUTCHISON II	
STREET ADDRESS	37837 MERIDIAN AVE STE 314	
CITY-ST-ZIP	DADE CITY 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SECRETARY OF STATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

352-567-2500

Date

Daytime Phone #

CR2E034 (9/99)