

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16951

1. Entity Name

W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90129 032 ****61.25

Principal Place of Business Mailing Address

% LORETTA C. RICHARDSON % LORETTA C. RICHARDSON
P.O. BOX 188 P.O. BOX 188
GRACEVILLE FL 32440 GRACEVILLE FL 32440-0188

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2760529** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, LORETTA C.
1154 - 10TH AVE.
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	MIXSON, BRYON	
STREET ADDRESS	5959 HWY 77	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, JOHN B	
STREET ADDRESS	1006 MIXON ST	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILDER, THOMAS W.	
STREET ADDRESS	ROUTE 1, BOX 751	
CITY-ST-ZIP	SLOCOMB AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDSON, LORETTA C.	
STREET ADDRESS	1154 - 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, W. W.	
STREET ADDRESS	1154 - 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, MARGARET	
STREET ADDRESS	PO BOX 276	
CITY-ST-ZIP	GRACEVILLE FL 32440	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta C. Richardson* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2000 850-263-3522
Date Daytime Phone #

CR2E037 (9/99)