

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N16951

1. Entity Name

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

Principal Place of Business

Mailing Address

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

**% LORETTA C. RICHARDSON
 P.O. BOX 188
 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

4. FEI Number

59-2760529

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SLOCUMB 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	

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	
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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

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

CR2E037 (9/99)