## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000001043

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE AND TYPED OR PRINTED NAM

1. Entity Name

## CARRI MCGREGOR LEVEILLE, P.A.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

25 S ROSCOE BLVD \_\_\_\_ VEDRA BEACH FL 32082

LEVEILLE, CARRI M

25 S ROSCOE BLVD

PONTE VEDRA BEACH FL 32082

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

IGNATURE

25 S ROSCOE BLVD

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PONTE VEDRA BEACH FL 32082

Country

/FILE NOW!!! FEE.IS \$150.00-

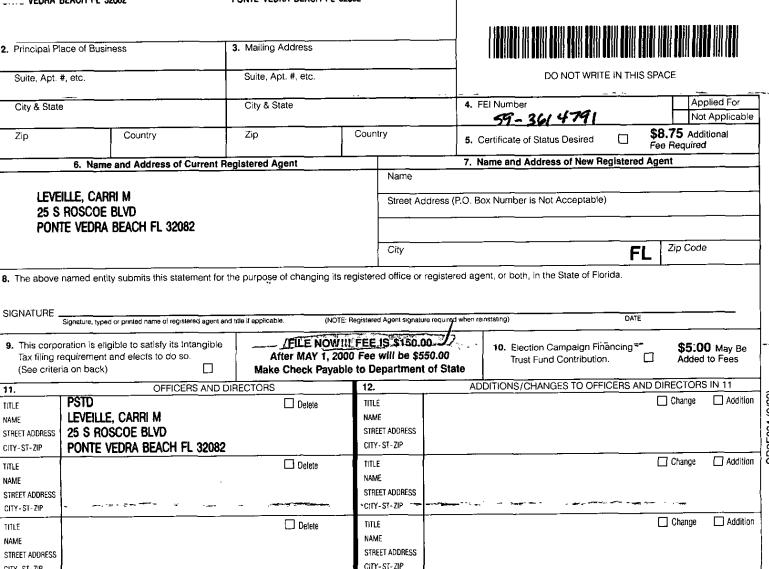
After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Name

## **FILED** Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90077 025 \*\*\*150.00



11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	PSTD Delete LEVEILLE, CARRI M 25 S ROSCOE BLVD PONTE VEDRA BEACH FL 32082	TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	Addition
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 407, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attaghment with an address, with all other like empowered.				