

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # P01000009977

1. Entity Name
NEIL ST. JOHN RAMBANA, P.A.

02 APR 29 PH 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
227 N. BRONOUGH ST., STE. 205
TALLAHASSEE FL 32301

Mailing Address
227 N. BRONOUGH ST., STE. 205
TALLAHASSEE FL 32301

2. Principal Place of Business
521 E. Tennessee St.
Suite, Apt. #, etc.

3. Mailing Address
521 E. Tennessee St.
Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32308

Country
U.S.A.

Zip
32308

Country
U.S.A.

4. FEI Number
59-6543515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAMBANA, NEIL ST. JOHN ESQ
227 N. BRONOUGH ST., STE. 205
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Neil St. John Rambana
Street Address (P.O. Box Number is Not Acceptable)
521 E. Tennessee St.
City
Tallahassee FL Zip Code
32308

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 Neil St. John Rambana Neil St. John Rambana 04.29.02
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Neil St. John Rambana 521 E. Tennessee St Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Neil St. John Rambana Neil St. John Rambana 4.29.02
Signature and typed or printed name of signing officer or director Date Daytime Phone # 850.224.4529

CR2E034 (9/01)