

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90107 045 \*\*\*150.00

**DOCUMENT # P94000061192**

1. Entity Name

**RICHMAN, DEIFIK, LANIER AND ROSS, P.A.**

Principal Place of Business

Mailing Address

2640 GOLDEN GATE PARKWAY  
 SUITE 206  
 NAPLES FL 33942

2640 GOLDEN GATE PARKWAY  
 SUITE 206  
 NAPLES FL 34105-3203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0511629**

Applied For

Not Applied

Zip

Country

Zip

Country

**34105-3203**

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

**LANIER, SUZANNE D**  
**2640 GOLDEN GATE PARKWAY**  
**SUITE 206**  
**NAPLES FL 34105**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>RICHMAN, JR., KENNETH W P.A.</b>	
STREET ADDRESS	<b>423 SHARWOOD DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<b>LANIER, SUZANNE D</b>	
STREET ADDRESS	<b>351 WIMBLEDON LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>DEIFIK, CELIA ELLEN</b>	
STREET ADDRESS	<b>9138 WINTERVIEW DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>ROSS, DONALD K</b>	
STREET ADDRESS	<b>901 IRONWOOD CT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input checked="" 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	DP	<input checked="" 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		

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:

*Suzanne D Lanier*  
**SUZANNE D LANIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/00*  
 Date

*941-434-7700*  
 Daytime Phone #