

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065074

1. Entity Name

ROAD AMERICA EMERGENCY ACCESS, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90080 001 \*\*\*750.00

Principal Place of Business

Mailing Address

~~155 PROFESSIONAL DRIVE~~  
~~PONTE VEDRA FL 32082~~

P.O. BOX 410  
PONTE VEDRA FL 32004-0410

2. Principal Place of Business

10033 Sawgrass Dr. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

City & State

Ponte Vedra, FL

Zip  
32082

Country

Zip

Country

4. FEI Number 59-3268513

Applied For

Not Applicable

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

KAY, THOMAS N

~~155 PROFESSIONAL DRIVE~~  
PONTE VEDRA FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

10033 Sawgrass Dr W. Suite 101

City

Ponte Vedra

FL

Zip Code  
32082

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P KAY, THOMAS N  
STREET ADDRESS ~~155 PROFESSIONAL DRIVE~~ 10033 Sawgrass Dr.  
CITY-ST-ZIP PONTE VEDRA FL 32082 W. #101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas N. Kay

Date

3/22/00

Daytime Phone #

904 285-5757

CR2E034 (3/98)