

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

RICHARD T. JOSEPH, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 016 ***150.00

Principal Place of Business

1420 Magellan Drive
Suite 101A
Sarasota FL 34243

Mailing Address

P.O. Box 2303
Sarasota FL 34230-2303

2. Principal Place of Business

1800 Ben Franklin Drive
Suite, Apt. #, etc.
#B906

3. Mailing Address

1800 Ben Franklin Drive
Suite, Apt. #, etc.
#B906

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34236

Country

USA

Zip

34236

Country

USA

6. Name and Address of Current Registered Agent

Icard, Merrill, Cullis, Timm,
Furen & Ginsburg
2033 Main Street, Suite 600
Sarasota FL 34237

7. Name and Address of New Registered Agent

Name Christopher K. Caswell
Street Address (P.O. Box Number is Not Acceptable)
Christopher K. Caswell, P.A.
2364 Fruitville Road
City Sarasota FL Zip Code 34237

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	D	<input checked="" type="checkbox"/> Delete
NAME	Faith Hancock	
STREET ADDRESS	P.O. Box 2303	
CITY-ST-ZIP	Sarasota FL 34230-2303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faith Hancock Simolari	
STREET ADDRESS	1800 Ben Franklin Dr., #B906	
CITY-ST-ZIP	Sarasota FL 34236	
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

401 848 0412
941 388 3119

Daytime Phone #

CR2E034 (9/99)