

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035352

1. Entity Name

TED D. KILPATRICK, PH.D., INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90074 013 ***150.00

Principal Place of Business

KILPATRICK, TED, D. PH.D.
202 ATP TOUR BLVD. STE 220
PONTE VEDRA BEACH FL 32082
US

Mailing Address

101 SEA HAMMOCK WAY
PONTE VEDRA BCH. FL 32082-4404

2. Principal Place of Business

13000 SAWGRASS VILLAGE CIR. #44

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BCH FL.

City & State

4. FEI Number

59-3420507

Applied For

Not Applicable

Zip

32082

Country

ST Johns

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, TED D
101 SEA HAMMOCK WAY
PONTE VEDRA BCH. FL 32082-4404

7. Name and Address of New Registered Agent

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

T. Kilpatrick

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-20-01

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, 2001 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 P
NAME KILPATRICK, TED D PH.D.
STREET ADDRESS 101 SEA HAMMOCK WAY
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082-4404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

T. Kilpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

904 285-2644

Daytime Phone #

CR2E034 (10/00)