

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90069 015 \*\*\*150.00

DOCUMENT # P95000073464

1. Entity Name

RICHARD J. ROACH, JR., P.A.

Principal Place of Business

7239 GALLOWAY RD  
BROOKSVILLE FL 34613  
US

Mailing Address

7239 GALLOWAY RD  
BROOKSVILLE FL 34613  
US

2. Principal Place of Business

5034 WILLOW OAK LANE

Suite, Apt. #, etc.

3. Mailing Address

5034 WILLOW OAK LANE

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

I

Zip

34607

Country

Zip

34607

Country

4. FEI Number

59-3339603

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

ROACH, RICHARD J JR  
7239 GALLOWAY RD  
BROOKSVILLE FL 34613

Name

ROACH, JR., RICHARD J.

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

5034 WILLOW OAK LANE

City

SPRING HILL

FL

Zip Code  
34607

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

*Richard J. Roach Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/2/2001*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
ROACH, RICHARD J JR.  
7239 GALLOWAY RD  
BROOKSVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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D/P/S/T  
ROACH, JR., RICHARD J.  
5034 WILLOW OAK LANE  
SPRING HILL, FL 34607

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Richard J. Roach Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J. ROACH, JR.

DATE

*4/2/2001* 3526834820

Daytime Phone #

CR2E034 (10/00)