

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 048 ***150.00

DOCUMENT # P96000004276

1. Entity Name

HABEN & RICHMOND, P.A.

Principal Place of Business

Mailing Address

1435 E PIEDMONT DR
STE 201
TALLAHASSEE FL 32312
US1435 E PIEDMONT DR
STE 201
TALLAHASSEE FL 32312-2938
US

2. Principal Place of Business

1435 E. Piedmont Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3355318

Applied For

Not Applicable

Zip

32312

Country

Leon

Zip

Country

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

RICHMOND, RONALD R
1435 E PIEDMONT DR #201
TALLAHASSEE FL 32312

Name

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

Same address -- New Suite number is 110

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, RONALD R	NAME	Same address, -- New Suite number is
STREET ADDRESS	1435 E PIEDMONT DR, STE 201	STREET ADDRESS	110
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABEN, RALPH H	NAME	Same address ---New suite number is 110
STREET ADDRESS	1435 E PIEDMONT DR, STE 201	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

(850)422-1221

Daytime Phone #

CR2E034 (9/99)