

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030659

1. Entity Name

JAMES A. YANCEY, P.A.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90131 036 ***150.00

Principal Place of Business

105 SO FLORIDA AVE.
3RD FLOOR
LAKELAND FL 33803
US

Mailing Address

POST OFFICE BOX 1028
LAKELAND FL 33802-1028
US

2. Principal Place of Business

2167 Malachite dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33810

Country

POUK

Zip

Country

4. FEI Number

59-3372405

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANCEY, JAMES A
105 SO FLORIDA AVE.
3RD FLOOR
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

JAMES A. YANCEY

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

2167 Malachite dr.

City

Lakeland, FL

FL

Zip Code

33810-2167

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 15, 2000

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
NAME YANCEY, JAMES A
STREET ADDRESS 105 SO FLORIDA AVE
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME James A. Yancey
STREET ADDRESS 2167 Malachite dr.
CITY-ST-ZIP Lakeland, FL 33810-2167

☒ Change ☐ Addition
of address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2000

Date

813-534-4576

Daytime Phone #

CR2E034 (9/99)