

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046327

1. Entity Name  
**JOHN RICE, INC.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90053 026 \*\*\*163.75

Principal Place of Business

~~2670 MCMULLEN BOOTH RD~~  
~~#1212~~  
~~CLEARWATER FL 33761~~  
~~US~~

Mailing Address

206 WATER VIEW CT  
SAFETY HARBOR FL 34695-2061  
US

713825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1723 Tall Pine Circle

Suite, Apt. #, etc.  
Safety Harbor,

City & State

FL

Zip  
34695

Country

U.S.A.

3. Mailing Address

1723 Tall Pine Circle

Suite, Apt. #, etc.

Safety Harbor

City & State

FL

Zip  
34695

Country

USA

4. FEI Number 59-3413401

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

RICE, JOHN T  
206 WATERVIEW CT  
SAFETY HARBOR FL 34695

Name

John T. Rice

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

1723 Tall Pine Circle

City

Safety Harbor

FL

Zip Code

34695

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

John T. Rice President

2/10/2000

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
RICE, JOHN  
206 WATERVIEW CT  
SAFETY HARBOR FL 34695 *as above*

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

TITLE  
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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

Date

Daytime Phone #

CR2E034 (9/99)