

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006537

1. Entity Name

RANDY E. MERRILL, ESQ., P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90055 007 ***150.00

Principal Place of Business

4501 N TAMiami TR
STE 208
NAPLES FL 34103
US

Mailing Address

4501 N TAMiami TR
STE 208
NAPLES FL 34103-3018
US

632944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5100 N. TAMiami TR

Suite, Apt. #, etc.

STE 201

City & State

Naples FL

Zip

34103

Country

US

3. Mailing Address

5100 N. TAMiami TR #

Suite, Apt. #, etc.

STE 201

City & State

Naples FL

Zip

34103

Country

-

4. FEI Number

65-0720356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRILL, RANDY E
4501 N TAMiami TR
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

RANDY E. MERRILL

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

5100 N. TAMiami TR

STE 201

City
Naples

FL

Zip Code
34103

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

Randy E. Merrill

RANDY E. MERRILL PRES.

3/30/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, RANDY E 4501 N TAMiami TR STE 208 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 N. TAMiami TR STE 201 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Randy E. Merrill

RANDY E. MERRILL

3/30/00

941-261-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #