

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010935

1. Entity Name

RICHMOND ASSOCIATES OF VIRGINIA, INC.

Principal Place of Business

1980 N. ATLANTIC AVE.  
SUITE 801  
COCOA BEACH FL 32931

Mailing Address

1980 N. ATLANTIC AVE.  
SUITE 801  
COCOA BEACH FL 32931-3276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-1867387

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

JOHNSON, WILLIAM W  
605 SOUTH PALM AVENUE  
TITUSVILLE FL 32796

Name

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

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 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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM W	
STREET ADDRESS	3951-C STILLMAN PARKWAY	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, ROBERT	
STREET ADDRESS	3951-C STILLMAN PARKWAY	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPTON, DONALD	
STREET ADDRESS	3951-C STILLMAN PARKWAY	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, WAYNE	
STREET ADDRESS	3951-C STILLMAN PARKWAY	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1670 MOUNTAIN RD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1670 MOUNTAIN RD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.

SIGNATURE: William W. Johnson WILLIAM W. JOHNSON 2-2-00 804-261-6764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90057 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)