

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046980

1. Entity Name

DANIEL ADAMS, P.A.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90045 037 ***150.00

Principal Place of Business

6990 SE 12 CIRCLE
OCALA FL 34480

Mailing Address

6990 SE 12 CIRCLE
OCALA FL 34429-9205

2. Principal Place of Business

2101 N. WATERS EDGE DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770972

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRYSTAL RIVER

City & State

OCALA

4. FEI Number

59-3460902

Applied For

Not Applicable

Zip

34429

Country

FLORIDA

Zip

34417-0000

Country

MARION

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DANIEL
6990 SE 12 CIRCLE
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

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

2101 N. WATERS EDGE DRIVE

City

CRYSTAL RIVER

FL

Zip Code

34429

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

DAN ADAMS, PRES, R/A

3-21-00

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
D
ADAMS, DANIEL
6990 SE 12 CIRCLE
OCALA FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2101 N. WATERS EDGE DRIVE
CRYSTAL RIVER FL 34429 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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: X

DAN ADAMS, PRES

3-21-00

Date

352-237-6202

Daytime Phone #

CR2E034 19/99