## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P97000051450** 1. Entity Name R M BAEHR AND ASSOCIATES, INC. 04-07-2000 90015 022 \*\*\*150.00 Principal Place of Business Mailing Address 335 HAVENDALE BLVD 335 HAVENDALE BLVD AUBURNDALE FL 33823-4513 AUBURNDALE FL 33823 συσυισ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE \_Suite\_Apt.#, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3450908 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAEHR, RUTH M Street Address (P.O. Box Number is Not Acceptable) 335 HAVENDALE BLVD AUBURNDALE FL 33823 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!-FEE:IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE BAEHR, RUTH M NAME STREET ADDRESS 501 OAKRIDGE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 Delete Change TITLE ☐ Addition BAEHR, GEORGE E NAME NAME **501 OAKRIDGE EAST** STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-7/P ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ D∈lete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 acculate 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 11 or Block 12 if changed, or on an attachment with an address; with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR GNATURE AND TYP