

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90039 010 ***150.00

DOCUMENT # P97000054817

1. Entity Name

RURAL AREA DISABILITIES CONSULTANTS, INC.

Principal Place of Business

Mailing Address

ROUTE 1 BOX 313C
 BLOUNTSTOWN FL 32424
 US

ROUTE 1 BOX 313C
 BLOUNTSTOWN FL 32424-9768
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19670 SE McDowell Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Blountstown, Florida

Zip

Country

Zip

Country

32424

US

4. FEI Number

59-3454006

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

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 PD
 NAME DAVIS, MICHAEL J
 STREET ADDRESS ROUTE 1 BOX 313C
 CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
 NAME DAVIS, KAY E
 STREET ADDRESS ROUTE 1 BOX 313C
 CITY-ST-ZIP BLOUNTSTOWN FL 32424

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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:

Kay E. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-2000

Daytime Phone #

850-674-1699