

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066495

1. Entity Name

R.A. HENSLEY AND ASSOCIATES, INC.

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

04-04-2000 90101 020 \*\*\*158.75

Principal Place of Business

Mailing Address

8624 S.W. 4TH PLACE  
GAINESVILLE FL 32607

502 N.W. 75TH STREET, SUITE 74  
GAINESVILLE FL 32607-1676

2. Principal Place of Business

4055 NW 43<sup>rd</sup> ST.

3. Mailing Address

7257 NW 4TH BLVD.

Suite, Apt. #, etc.

SUITE 26

Suite, Apt. #, etc.

PMB 164

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

US

Zip

32607

Country

US

4. FEI Number

59-3466916

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

HENSLEY, RANDALL A  
8624 S.W. 4TH PLACE  
GAINESVILLE FL 32607

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
HENSLEY, RANDALL A  
8624 SW 4TH PLACE  
GAINESVILLE FL 32607 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

*Randall A. Hensley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00  
Date

(352) 367-1100  
Daytime Phone #

CR2E034 (9/99)