

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073559

Entity Name

LAW OFFICES OF CATHERINE BEMBRY, P.A.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90100 021 \*\*\*150.00

Principal Place of Business

Mailing Address

115 W 4TH AVE  
TALLAHASSEE FL 32303

115 W 4TH AVE  
TALLAHASSEE FL 32303-6152

2. Principal Place of Business

P.O. Box 3887

3. Mailing Address

3887

Suite, Apt. #, etc.

Tallahassee, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467258

Applied For

Not Applicable

Zip

Country

Zip

Country

32315-3887

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEMBRY, MARY C  
115 W 4TH AVE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Mary C Bembry

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

2804 Rawington Green Circle

City

Tallahassee

FL

Zip Code

32308

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

Mary C Bembry

5-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BEMBRY, CATHERINE	
STREET ADDRESS	115 W 4TH AVE P.O. Box 3887	
CITY-ST-ZIP	TALLAHASSEE FL 32303 32315-3887	
TITLE		<input type="checkbox"/> Delete
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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:

Mary C Bembry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 386-6060

CR2E034 (9/99)