

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074282

1. Entity Name

CONRATH GROUP, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90010 025 \*\*\*150.00

Principal Place of Business

3131 NW 13TH ST., #3  
GAINESVILLE FL 32609

Mailing Address

5424 SW 91ST TERRACE  
GAINESVILLE FL 33706-4145

2. Principal Place of Business

2910 PASS-A-DRILLE WAY  
Suite, Apt. #, etc.

3. Mailing Address

2910 PASS-A-DRILLE WAY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ST. PETE BEACH, FL	City & State ST. PETE BEACH, FL	4. FEI Number 59-3506971	Applied For <input type="checkbox"/> Not Applicable
Zip 33706	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONRATH, RICHARD C  
5424 SW 91ST TERRACE  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name  
~~CONRATH, RICHARD C~~ (SAME)  
Street Address (P.O. Box Number is Not Acceptable)  
2910 PASS-A-DRILLE WAY  
City  
ST. PETE BEACH FL Zip Code  
33706

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	D WATSON, WILLIAM B III 527 E UNIVERSITY AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONRATH, RICHARD C 5424 SW 91ST TERRACE GAINESVILLE FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2910 PASS-A-DRILLE WAY ST. PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONRATH, KARYN N 5424 SW 91ST TERRACE GAINESVILLE FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2910 PASS-A-DRILLE WAY ST. PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard C. Conrath*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard C. CONRATH

3/31/2000 (727) 367-9666  
Date Daytime Phone #

CR2E034 (9/99)