

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083274

1. Entity Name
"RAMEY & ASSOCIATES, INC."

Principal Place of Business

5211 SW 91ST TERRACE
STE B
GAINESVILLE FL 32608
US

Mailing Address

5211 S W 91ST TERRACE
STE B
GAINESVILLE FL 32608
US

2. Principal Place of Business

4040 W. Newberry Rd

Suite, Apt. #, etc.
Ste 900

City & State
Gainesville, FL

Zip
32607

Country
USA

3. Mailing Address

4040 W. Newberry Rd.

Suite, Apt. #, etc.
Ste 900

City & State
Gainesville, FL

Zip
32607

Country
USA

6. Name and Address of Current Registered Agent

RAMEY, STACIE I
9306 NW 13TH PL
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMEY, STACIE I	
STREET ADDRESS	9306 NW 13TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMEY, JOHN K	
STREET ADDRESS	9306 NW 13TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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: Stacie I. Ramey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01 352 332 2787
Date Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90076 017 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3470495

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (10/00)