

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006973

1. Entity Name

APEX CONSULTING AND MANAGEMENT, INC. ✓

Principal Place of Business
113 OLD MILL COURT
PONTE VEDRA BEACH FL 32082

Mailing Address
113 OLD MILL COURT
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3487114

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

GEEHR, JOHN R
113 OLD MILL COURT
PONTE VEDRA BEACH FL 32082

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VD	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, DANIEL E	
STREET ADDRESS	223 FOREST WOOD CT.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	GEEHR, JOHN R	
STREET ADDRESS	113 OLD MILL COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 34608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEEHR, JILL L	
STREET ADDRESS	113 OLD MILL COURT	
CITY-ST-ZIP	PONTE VEDRA COURT FL 32082	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BETTENCOURT, JAMES H	
STREET ADDRESS	15021 MEADOWLAKE ST.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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:

Signature of John R. GEEHR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-00

Date

904-273-1256

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90032 042 ***550.00