

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90036 041 ***150.00

DOCUMENT # P98000052493

1. Entity Name

KATHRYN BALL CLIFFORD, P.A.

Principal Place of Business

**420 PONTE VEDRA BLVD
PONTE VEDRA BCH FL 32082**

Mailing Address

**420 PONTE VEDRA BLVD
PONTE VEDRA BCH FL 32082**

2. Principal Place of Business

886 So. 3rd St.

3. Mailing Address

420 Ponte Vedra Blvd

City & State

Jacksonville Beach, FL

City & State

Ponte Vedra Bch

Zip

32250

Country

USA

Zip

32082

6. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R
3010 S. 3RD ST.
JACKSONVILLE FL 32250**

4. FEI Number

59-3516430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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)

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**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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CLIFFORD, KATHRYN B
420 PONTE VEDRA BLVD
PONTE VEDRA BCH FL 32082**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN BALL CLIFFORD

Date

Daytime Phone #

**1/10/01
(904) 246-1658**

CR2E034 (10/00)