

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060439

1. Entity Name

DITORE RUIBAL AND ASSOCIATES, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90293 009 \*\*\*150.00

Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD, SUITE 4  
JACKSONVILLE FL 32257

3617 CROWN POINT ROAD, SUITE 4  
JACKSONVILLE FL 32257-9010

2. Principal Place of Business

3. Mailing Address

3617 Crown Point Rd.

P.O. Box 246608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE FL

Zip

Country

Zip

Country

32257

USA

32241

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518076

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

HERNANDEZ, MEREDITH A  
3617 CORWN POINT ROAD, SUITE 4  
JACKSONVILLE FL 32257

Name

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

3617 CROWN POINT RD

SUITE #1

City JACKSONVILLE

FL

Zip Code 32257

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 of the registered agent or 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	DP RUIBAL, ALEX 3617 CROWN POINT ROAD, STE. 4 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV DITORE, BRIAN 3617 CROWN POINT ROAD, STE. 4 JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DITORE, JAMES J 3617 CROWN POINT ROAD, STE. 4 JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 246608 JACKSONVILLE FL 32241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 246608 JACKSONVILLE FL 32241
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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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

c/o

904-288-8999

CR2E034 (9/99)