

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90002 001 ***450.00

DOCUMENT # P98000074457

1. Entity Name

TAYLOR CUNNINGHAM & ASSOCIATES P.A.

Principal Place of Business

1045 E. ATLANTIC AVENUE
#202
DELRAY BEACH FL 33483

Mailing Address

1045 E. ATLANTIC AVENUE
#202
DELRAY BEACH FL 33483-6955

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

65-0858970

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

TAYLOR, RICHARD L

~~5505 N. OCEAN BLVD~~
~~OCEAN RIDGE FL 33435~~

Name

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

1230 VAN BUREN ST

City HOLLYWOOD

FL

Zip Code 33019

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 State10. 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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	P	TAYLOR, RICHARD	1230 VAN BUREN ST.	HOLLYWOOD FL					
	D	CUNNINGHAM, KATHLEEN	84 ISLAND DRIVE	OCEAN RIDGE FL					

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #