

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001647

1. Entity Name

DREGGORS & TEAL, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90081 044 ***150.00

Principal Place of Business

Mailing Address

114 WEST RICH AVENUE
DELAND FL 32720

114 WEST RICH AVENUE
DELAND FL 32720-4213

2. Principal Place of Business

3. Mailing Address

1006 N. WOODLAND BLVD

1006 N. WOODLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

City & State

DELAND FL

DELAND FL

Zip

Country

Zip

Country

32720 USA

32720 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548644

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

TEAL, MICHAEL S
1006 NORTH WOODLAND BOULEVARD
DELAND FL 32720

Name

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

114 WEST RICH AVE

City

DELAND FL 32720-4213 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, 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	PSD	<input type="checkbox"/> Delete
NAME	TEAL, PARKE S	
STREET ADDRESS	1006 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DREGGORS, JAMES H	
STREET ADDRESS	1006 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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	

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:

Parke S. Teal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

Daytime Phone #

904-734-9441

CR2E034 (9/99)