

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012338

1. Entity Name

R.L. HALL & ASSOCIATES, PA

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90205 011 ***150.00

Principal Place of Business

6742 CHERRY LAKE ROAD
GROVELAND FL 34736

Mailing Address

6742 CHERRY LAKE ROAD
GROVELAND FL 34736-9531

2. Principal Place of Business

300 VIRGINIA AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1547

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MINNEAPOLIS FL

City & State

MINNEAPOLIS FL

4. FEI Number

59-3557284

Applied For

Not Applicable

Zip

34755

Country

LAKE

Zip

34755

Country

LAKE

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

HALL, ROBERT L
6742 CHERRY LAKE ROAD
GROVELAND FL 34736

Name
ROBERT L. HALL

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

300 VIRGINIA ST

PO Box 1547

City
MINNEAPOLIS

FL

Zip Code

34755

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

Robert L. Hall

ROBERT L. HALL

3/30/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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:

Robert L. Hall ROBERT L. HALL

3/30/00

352-594-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)