

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032140

1. Entity Name

J.D. NEAL PROFESSIONAL DEVELOPMENT, INC.

Principal Place of Business

4656 POMPAO ST.
PLACIDA FL 33946

Mailing Address

4656 POMPAO ST.
PLACIDA FL 33946-2417

2. Principal Place of Business

4000 NW 51st Street

3. Mailing Address

4000 NW 51st Street

Suite, Apt. #, etc.

Apt. K203

Suite, Apt. #, etc.

Apt. K203

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

Alachua

Zip

32606

Country

Alachua

4. FEI Number

65-0923419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, DAVID
433 PLAZA REAL, SUITE 275
BOCA RATON FL 33432

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) ☒

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

TITLE PD
NAME NEAL, JOHN D
STREET ADDRESS 4656 POMPAO ST.
CITY-ST-ZIP PLACIDA FL 33946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Neal, John D
STREET ADDRESS 4000 NW 51st Street Apt. K203
CITY-ST-ZIP Gainesville, FL 32606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

352-377-2279

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR05034 (03/99)