

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039536

1. Entity Name

KARL DAVID RUCH, P.A.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90099 050 ***150.00

Principal Place of Business

5376 OAKMONT COURT
NORTH PORT FL 34287

Mailing Address

5376 OAKMONT COURT
NORTH PORT FL 34287-3177

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

65-0922081

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

STEWART, JAMES C JR
2121 COUNTY ROAD 951 STE 101
GOLDEN GATE FL 34116-6543

Name

Karl David Ruch

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

5376 Oakmont Ct.

City

North Port,

FL

Zip Code
34287

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 Karl D. Ruch, Pres.

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 ☐ Delete

D
NAME RUCH, KARL D
STREET ADDRESS 5376 OAKMONT COURT
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Karl D. Ruch Karl D. Ruch PA 3-22-2000 (941) 426-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25024 / 03/00