

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

DOCUMENT # P99000064716

1. Entity Name

ALFRED W. BEASLEY, JR., P.A.

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-25-2000 90094 003 ***550.00

Principal Place of Business

6126 INDIAN MEADOW STREET
ORLANDO FL 32819

Mailing Address

6126 INDIAN MEADOW STREET
ORLANDO FL 32819

2. Principal Place of Business

9500 SATELLITE BLVD.

Suite, Apt. #, etc.

1160

City & State

ORLANDO, FL

Zip

32837

Country

USA

3. Mailing Address

9500 SATELLITE BLVD.

Suite, Apt. #, etc.

1160

City & State

ORLANDO, FL

Zip

32837

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3638213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REILLY, FRED
95 SOUTH 10TH STREET
HAINES CITY FL 33845

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

Alfred W. Beasley, Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-19-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BEASLEY, ALFRED W JR.	
STREET ADDRESS	6126 INDIAN MEADOW STREET	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Alfred W. Beasley, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00

407 240 8866