

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90084 013 \*\*\*150.00

**DOCUMENT # P99000083257**

1. Entity Name  
**ROBERT F. FOLLANSBEE, P.A.**

Principal Place of Business <b>3580 S. OCEANSHORE BLVD. #107          FLGLER BEACH FL 32136</b>	Mailing Address <b>3580 S. OCEANSHORE BLVD. #107          FLAGLER BEACH FL 32136-4136</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3602905</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>FOLLANSBEE, ROBERT F</b> <b>3580 S. OCEANSHORE BLVD. #107</b> <b>FLAGLER BEACH FL 32136</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P- FOLLANSBEE, ROBERT F.</b>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<b>3580 S. Oceanshore Blvd #107</b>
		CITY-ST-ZIP	<b>Flagler Beach, FL 32136</b>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>S- FOLLANSBEE, ROBERT F.</b>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<b>3580 S. Oceanshore Blvd #107</b>
		CITY-ST-ZIP	<b>Flagler Beach, FL 32136</b>
TITLE <input checked="" type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>T- FOLLANSBEE, ROBERT F.</b>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<b>3580 S. Oceanshore Blvd #107</b>
		CITY-ST-ZIP	<b>Flagler Beach, FL 32136</b>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	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: Robert F. Follansbee February 11, 2000 TEL: 904-439-6928  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)