

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P99000089281

1. Entity Name

JAN SCHUURMAN RIDLEY, P.A.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90093 008 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1830 ATLANTIC BLVD-~~  
JACKSONVILLE FL 32207

~~1830 ATLANTIC BLVD-~~  
JACKSONVILLE FL 32207-3404

2. Principal Place of Business

914 Atlantic Ave.,

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1-E

City & State

Fernandina Beach, FL

City & State

4. FEI Number

59-3598791

Applied For

Not Applicable

Zip

32034

Country

Naogan

Zip

Country

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

SCHUURMAN RIDLEY, JAN  
1830 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

Name

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

914 Atlantic Avenue, Ste. 1-E

City Fernandina Beach

FL

Zip Code 32034

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

4/7/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)

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**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.

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\$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  
JAN SCHUURMAN RIDLEY  
914 ATLANTIC AVE, STE 1-E  
FERNANDINA BEACH, FL. 32034

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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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

Date

Daytime Phone #

4-7-00 (904) 324-0202

CR2E034 (9/99)