

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67183

1. Entity Name

819 ASSOCIATES, INC.

Principal Place of Business

363 ATLANTIC BLVD.
SUITE 3-A
ATLANTIC BEACH FL 32233

Mailing Address

363 ATLANTIC BLVD.
SUITE 3-A
ATLANTIC BEACH FL 32233-5283

2. Principal Place of Business

151 Sawgrass Corners Drive

Suite, Apt. #, etc.

202

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FERBER, PAUL S
363 ATLANTIC BLVD.
SUITE 3-A
ATLANTIC BEACH FL 32233

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D FERBER, PAUL S.	363 ATLANTIC BLVD., SUITE 3-A	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		151 Sawgrass Corners Drive, Suite 202	Ponte Vedra Beach, FL 32082	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90007 005 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0407878

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/99)