

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

# FILED

02 SEP -9 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S90491

1. Entity Name

J. RICHARD ALLISON AND ASSOCIATES, INC.

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
205 Worth Avenue3. Mailing Address  
205 Worth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach, FLCity & State  
Palm Beach, FL4. FEI Number  
65-0294698Applied For  
Not ApplicableZip  
33480Country  
USZip  
33480Country  
US5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## DO NOT WRITE IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name  
J. Richard AllisonStreet Address (P.O. Box Number is Not Acceptable)  
205 Worth AvenueCity  
Palm Beach

FL

Zip Code  
33480

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, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

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

January 1 - May 1 Fee is \$150.00

Annual Reg. Fee is \$550.00

Amended UBR is \$61.25

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	D J. Richard Allison 205 Worth Avenue Palm Beach, FL 33408
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09/19/02-01080-01

\*\*\*\*550.00 \*\*\*\*550.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Richard Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/2002

Date

Anytime Phone #