

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14041

1. Entity Name

ROBERT LEE RATLIFF III, P.A.

FILED

00 JAN 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957-3220

2. Principal Place of Business

2340 Periwinkle Way

3. Mailing Address

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

Suite, Apt. #, etc.

Suite I-2

City & State

Sanibel Island, FL

City & State

Sanibel Island, FL

Zip

33957

Country

Lee

Zip

33957

Country

Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3107081

Applied For

Not Applied For

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

RATLIFF, ROBERT LEE, III
2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

Name Ratliff, Robert Lee III

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

2340 Periwinkle Way

Suite I-2

City

Sanibel Island

FL

Zip Code

33957

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RATLIFF, ROBERT LEE III
STREET ADDRESS 2340 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL ISLAND FL

TITLE PD ☒ Change ☐ Addition
NAME Ratliff, Robert Lee III
STREET ADDRESS 2340 Periwinkle Way, Ste I-2
CITY-ST-ZIP Sanibel Island, FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

1-19-2000

941-395-1300