## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2000 08:00 AM DOCUMENT # V33003 1. Entity Name **Secretary of State** MEIGS O'CONNOR RICKS INC. Principal Place of Business Mailing Address 16 FIRST STREET SE 16 FIRST STREET SE FT. WALTON BEACH FT. WALTON BEACH FL FL 32548 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3122844 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR RANDALL J. .IDVTS O'CONNOR RANDALL 1700 OSCEOLA BAY AVE Street Address (P.O. Box Number is Not Acceptable) 1700 OSCEOLA BAY AVE NICEVILLE $\mathbf{FL}$ 32578 City Zip Code NIĆEVILLE 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. RANDALL J O'CONNOR 03/01/2000 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE $\mathbf{DV}$ TITLE DV ☐ Detete X Change ☐ Addition RICKS RICKS JUDY NAME JUDY STREET ADDRESS 501 W. MIRACLE STRIP PKWY. STREET ADDRESS 28 WAYNEL CIRCLE CITY-ST-ZIP MARY ESTHER FLCITY-ST-ZIP FORT WALTON BEACH 32548 TITLE ☐ Delete ΠP TITLE X Change ☐ Addition NAME NAME O'CONNOR DAWN STREET ADDRESS 1700 OSCEOLA BAY AVE STREET ACCRESS 1700 OSCEOLA BAY AVE CITY-ST-ZIF NICEVILLE FI. CITY-ST-7IP NICEVILLE FT. TITLE ☐ Deiete TILE DVTS X Change ☐ Addition NAME NAME O'CONNOR RANDALL STREET ADDRESS 1700 OSCEOLA BAY AVE 1700 OSCEOLA BAY AVE STREET ADDRESS CITY-ST-ZIP NICEVILLE CITY-ST-ZIP NICEVILLE 32578 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.