

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51527

1. Entity Name

R.R. CRABTREE, P.A.

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

03-01-2000 90093 005 ***150.00

Principal Place of Business

Mailing Address

8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256-8281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8777 San Jose Blvd.

3. Mailing Address
8777 San Jose Blvd.

Suite, Apt. #, etc.
Building A, Suite 200

Suite, Apt. #, etc.
Building A, Suite 200

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-3132477

Applied For
Not Applicable

Zip
32217

Country
USA

Zip
32217

Country
USA

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

CRABTREE, R. R.
8375 DIX ELLIS TRAIL, #401
JACKSONVILLE FL 32256

Name
CRABTREE, R. R.

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

8777 San Jose Boulevard
Building A, Suite 200

City
Jacksonville

FL Zip Code
32217

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 NAME STREET ADDRESS CITY-ST-ZIP	PDTS CRABTREE, R.R. 8375 DIX ELLIS TRAIL, SUITE 401 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS CRABTREE, R.R. 8777 SAN JOSE BLVD. BLDG A, SUITE 200 JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 464-0665

CR2E034 (9/99)