

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55886

1. Entity Name

GEORGE J. BECKER JR. & ASSOCIATES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90068 012 \*\*\*150.00

Principal Place of Business

195 BLUE RIDGE DRIVE NORTH  
MARION NC 28752-9518  
US

Mailing Address

~~R.R. #3, Box 295~~  
~~195 BLUE RIDGE DRIVE NORTH~~  
MARION NC 28752  
US

2. Principal Place of Business

3. Mailing Address

~~R.R. #3, Box 295~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARION, NC

4. FEI Number

59-3144556

Applied For

Not Applicable

Zip

Country

Zip

Country

28752

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

MARSHALL, BYRD F., JR.  
201 E. PINE STREET  
SUITE 1200  
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BECKER, GEORGE J.  
5013 GREENBRIAR TRAIL  
MOUNT DORA FL  
~~5013 GREENBRIAR TRAIL~~  
~~MOUNT DORA FL~~  
R.R. #3, Box 295  
MARION, NC 28752

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GEORGE J. BECKER JR  
R.R. #3, Box 295  
MARION, NC 28752  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

4-5-2000

Date

(828) 756-7908

Daytime Phone #

CR2E034 (9/99)