

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90045 004 ***150.00

DOCUMENT # V73495

1. Entity Name
TERRY PATRICK, INC.

Principal Place of Business
**120 NW 39TH AVE
GAINESVILLE FL 32608
US**

Mailing Address
**322 NW 10TH ST
GAINESVILLE FL 32601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3158550

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PARKS, TERRY P.
322 NW 10TH ST
GAINESVILLE FL 32601**

Name

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

**DE
F**

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, 2002 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
PARKS, TERRY P.
322 NW 10TH ST
GAINESVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Stephanie Parks
322 NW 10th St
Gainesville, FL 32601**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JACOBY, RONALD
3410 NE 12TH STREET
GAINESVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Gregory Parks
322 NW 10th St
Gainesville, FL 32601**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
REYNOLDS, TIMOTHY
526 NW 27 AVE
GAINESVILLE FL 32609-2959**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)