

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90934 043 ***150.00

DOCUMENT # 129561

1. Entity Name
FIRST OF FLORIDA CORPORATION

Principal Place of Business NATIONSBANK TOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2145 US	Mailing Address NATIONSBANK TOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2100 US
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DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SE 2 ST	3. Mailing Address 100 SE 2 ST
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Suite, Apt. #, etc. SUITE 2370	Suite, Apt. #, etc. SUITE 2370
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33131-2145	Country USA	Zip 33131-2145	Country USA
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4. FEI Number 59-0242625	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICKARD, BARBARA A
 NATIONSBANK TOWER SUITE 2370
 100 SE 2 ST
 MIAMI FL 33131**

Name RICKARD, BARBARA A
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 ST
SUITE 2370
City MIAMI
State FL
Zip Code 33131-2145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTDM	RICKARD, B A	100 SE 2 ST	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HEMMINGS, ARTHUR I	2582 SW 7 CT	HOMESTEAD FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BARR, SAMUEL L JR.	10 MARBELLA CT HAMMOCK DUNES	PALM COAST FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	REICHRADT, FRANCES C	15 NE 131ST STREET	MIAMI FL 33161	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	V/D	POST, THOMAS E.	901 NE 2 AVE	MIAMI, FL 33132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	S/D	HOUGHTON, PETER E.	6520 SW 104 ST	MIAMI, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara A. Rickard BARBARA A. RICKARD 04/28/2000 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)