

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90099 030 ***150.00

DOCUMENT #				146205			
1. Entity Name							
BYRON HARLESS, REID, REYNOLDS, KALKINES & BUFFONE, INC							
Principal Place of Business				Mailing Address			
4651 Salisbury Rd. Jacksonville, FL 32256				4651 Salisbury Rd. Jacksonville, FL 32256			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
4. FEI Number		59-0549943		Applied For		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Reynolds, Gerald E PHD 209 Linkside Cir Ponte Vedra Beach, FL 32082				Name MABM Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Attention: James A. Nolan, III One Independent Drive, Suite 3000 City Jacksonville FL Zip Code 32202			
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				James A. Nolan, III, VP		April 28, 2000	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)		<input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$500.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete	TITLE	D/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Buffone, Gary W.		NAME				
STREET ADDRESS	2738 Christopher Creek Rd		STREET ADDRESS				
CITY-ST-ZIP	Jacksonville, FL 32217		CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> Delete	TITLE	D/C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Reynolds, Gerald E.		NAME				
STREET ADDRESS	209 Linkside Circle		STREET ADDRESS				
CITY-ST-ZIP	Ponte Vedra Beach, FL		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Kalkines, Christopher T		NAME				
STREET ADDRESS	1126 Seawood Dr		STREET ADDRESS				
CITY-ST-ZIP	Neptune Beach, FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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				Christopher T. Kalkines		904-296-7117	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

DO NOT WRITE IN THIS SPACE