

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90046 005 ***167.50

DOCUMENT # 475402

1. Entity Name
HELMAN HURLEY CHARVAT PEACOCK/ARCHITECTS, INC.

Principal Place of Business 222 W MAITLAND BLVD MAITLAND FL 32751-4323	Mailing Address 222 W MAITLAND BLVD MAITLAND FL 32751-4323
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1593719	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	2- <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEACOCK, THOMAS E.
222 W. MAITLAND BLVD.
MAITLAND FL 32751

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 _____ 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	V	THOMAS R HURLEY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		P O BOX 547461	
CITY-ST-ZIP		ORLANDO FL 32854-7461	
TITLE	V	NEWLIN JOHN H JR	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		222 W MAITLAND BLVD	
CITY-ST-ZIP		MAITLAND FL 32751	
TITLE	DV	BRAVN CHARLES S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1623 ORLANDO AVE.	
CITY-ST-ZIP		LONGWOOD FL	
TITLE	V	ZIEBARTH LAWRENCE W	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		222 W MAITLAND BLVD	
CITY-ST-ZIP		MAITLAND FL 32751	
TITLE	DP	HELMAN ALAN C	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		204 QUAYSIDE CIRCLE #504	
CITY-ST-ZIP		MAITLAND FL 32751	
TITLE	V	BANKAY ROBERT A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		222 W MAITLAND BLVD	
CITY-ST-ZIP		MAITLAND FL 32751	

TITLE	V	Charvat William C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		222 W Maitland Blvd.	
CITY-ST-ZIP		Maitland, FL. 32751	
TITLE	V.T.S.M.	Peacock, Thomas E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		222 W. Maitland Blvd.	
CITY-ST-ZIP		Maitland, FL. 32751	
TITLE		Braun Charles S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V	Purdy, John M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		222 W. Maitland Blvd.	
CITY-ST-ZIP		Maitland, FL. 32751	
TITLE	V	Anderson, John W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		222 W. Maitland Blvd.	
CITY-ST-ZIP		Maitland, FL. 32751	
TITLE		VanKay Robert A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: Thomas E. Peacock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)

Attachment
C0084487
475402

Agent Signature Required When Renewal Date: _____ DATE: _____

\$150.00
\$550.00
of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

V	Lee, Sam 222 W. Maitland Blvd. Maitland, Fl. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Newlin Jr., John, H. 222 W. Maitland Blvd. Maitland, Fl. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Szafranski, Robert 222 W. Maitland Blvd. Maitland, Fl. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Bailey, Keith S. 222 W. Maitland Blvd. Maitland, Fl.. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Jordan, John 222 W. Maitland Blvd. Maitland, Fl.. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Warring, James R. 222 W. Maitland Blvd. Maitland, Fl. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition