

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90040 036 \*\*\*150.00

**DOCUMENT # 586909**

1. Entity Name

**FISHER, TOUSEY, LEAS & BALL, P.A.**

Principal Place of Business

Mailing Address

ONE INDEPENDENT DR  
 STE 2600  
 JACKSONVILLE FL 32202  
 US

ONE INDEPENDENT DR  
 STE 2600  
 JACKSONVILLE FL 32202-5008  
 US

00004013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1851349**

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

**FISHER, MICHAEL W.**  
**ONE INDEPENDENT DR**  
**STE 2600**  
**JACKSONVILLE FL 32202**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>FISHER, MICHAEL W.<br>ONE INDEPENDENT DR<br>JACKSONVILLE FL 32202        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>BALL, JOHN S.<br>1 INDEPENDENT DR., SUITE 2600<br>JACKSONVILLE FL          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>TOUSEY, CLAY B., JR.<br>1 INDEPENDENT DRIVE, SUITE 2600<br>JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>LEAS, MICHAEL R.<br>1 INDEPENDENT DR, SUITE 2600<br>JACKSONVILLE FL        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>DAWKINS, ROBERT A.<br>1 INDEPENDENT DR, SUITE 2600<br>JACKSONVILLE FL      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DSV<br>ROBISON, MARY A.<br>1 INDEPENDENT DR, SUITE 2600<br>JACKSONVILLE FL       | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | See Attachment for additional officers and directors | <input type="checkbox"/> Change <input type="checkbox"/> 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

*Mary A Robison* 12/5/00 (904) 356-266

Date

Daytime Phone #

DC# 58690  
C0004015

**ATTACHMENT TO ANNUAL REPORT  
for  
FISHER, TOUSEY, LEAS & BALL, P.A.**

11. *Officers and Directors*

Title           D/P/AS  
Name           FURTICK, BEVERLY H.  
Address        1 Independent Drive, Suite 2600.  
City            Jacksonville, FL 32202

Title           D/AT  
Name           LAWLOR, JOHN E., III  
Address        1 Independent Drive, Suite 2600  
City            Jacksonville, FL 32202