

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 586909

FILED  
Feb 01, 2002 8:00 AM  
Secretary of State

Entity Name: FISHER, TOUSEY, LEAS & BALL, P.A.

## Current Principal Place of Business:

ONE INDEPENDENT DR  
STE 2600  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

## Current Mailing Address:

ONE INDEPENDENT DR  
STE 2600  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

FEI Number: 59-1851349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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: MICHAEL W. FISHER

02/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: FISHER, MICHAEL W.,  
Address: ONE INDEPENDENT DR  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DV ( ) Delete  
Name: BALL, JOHN S.,  
Address: 1 INDEPENDENT DR., SUITE 2600  
City-St-Zip: JACKSONVILLE, FL

Title: DV ( ) Delete  
Name: TOUSEY, CLAY B., JR.,  
Address: 1 INDEPENDENT DRIVE, SUITE 2600  
City-St-Zip: JACKSONVILLE, FL

Title: DV ( ) Delete  
Name: LEAS, MICHAEL R.,  
Address: 1 INDEPENDENT DR, SUITE 2600  
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete  
Name: DAWKINS, ROBERT A.,  
Address: 1 INDEPENDENT DR, SUITE 2600  
City-St-Zip: JACKSONVILLE, FL

Title: DSV ( ) Delete  
Name: ROBISON, MARY A.,  
Address: 1 INDEPENDENT DR, SUITE 2600  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. BALL

DV

02/01/2002

Electronic Signature of Signing Officer or Director

Date