

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90059 028 \*\*\*150.00

**DOCUMENT # 600279**

1. Entity Name  
HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.



Principal Place of Business  
1 INDEPENDENT SQ.  
# 2301  
JACKSONVILLE FL 32202

Mailing Address  
1 INDEPENDENT SQ.  
# 2301  
JACKSONVILLE FL 32202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1197594**

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

HOLBROOK, H LEON  
2301 INDEPENDENT SQ.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME HOLBROOK, H LEON  
STREET ADDRESS 2301 INDEPENDENT SQ.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ Change ☒ Addition  
NAME RAY, THOMAS R.  
STREET ADDRESS One Independent Drive, Suite 2301  
CITY-ST-ZIP Jacksonville, FL 32201 ☐ Change ☐ Addition

TITLE VDT ☐ Delete  
NAME AKEL, EDWARD C.  
STREET ADDRESS 2301 INDEPENDENT SQ.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME HOLBROOK, H. LEON III  
STREET ADDRESS 2301 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME COLD, KATHLEEN H  
STREET ADDRESS 2301 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME AKEL, DANIEL D.  
STREET ADDRESS 2301 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME STIEFEL, JOHN R  
STREET ADDRESS 2301 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/02 904-356-6311  
Date Daytime Phone #

CR2E034 (10/02)