

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 600794**

1. Entity Name

CARLTON, FIELDS, WARD, EMMANUEL, SMITH & CUTLER,**FILED****Feb 26, 2000 8:00 am**
Secretary of State

02-26-2000 90043 016 ***150.00

Principal Place of Business

Mailing Address

**ONE HARBOUR PLACE
P O BOX 3239
TAMPA FL 33601****ONE HARBOUR PLACE
P O BOX 3239
TAMPA FL 33601-3239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1233896

Applied For

Not Applicable

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

**THOMAS, SNOW A
777 S. HARBOUR ISLAND BLVD.
SUITE 500
TAMPA FL 33602**

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 **PD** ☐ Delete
NAME **SNOW, THOMAS A**
STREET ADDRESS **ONE HARBOUR PLACE - 777 S. HARBOUR ISLAND**
CITY-ST-ZIP **TAMPA FL 33602-5799**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C/D** ☐ Delete
NAME **WALBOLT, SYLVIA H**
STREET ADDRESS **ONE PROGRESS PLAZA, STE 2300, 200 CENTRAL**
CITY-ST-ZIP **ST PETERSBURG FL 33701-4352**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **CIOTTI, ROBERT L**
STREET ADDRESS **ONE HARBOUR PLACE-777 S HARBOUR ISLAND**
CITY-ST-ZIP **TAMPA FL 33602-5799**TITLE **T** ☒ Change ☐ Addition
NAME **Ciotti, Robert L.**
STREET ADDRESS **One Harbour Place - 777 S. Harbour Isl.**
CITY-ST-ZIP **Tampa, FL 33602-5799**TITLE **S/D** ☒ Delete
NAME **LINNAN, NANCY G**
STREET ADDRESS **215 S MONROE STREET, SUITE 500**
CITY-ST-ZIP **TALLAHASSEE FL 32301-1866**TITLE **S/D** ☒ Change ☐ Addition
NAME **Burke, David P.**
STREET ADDRESS **One Harbour Place - 777 S. Harbour Isl.**
CITY-ST-ZIP **Tampa, FL 33602-5799**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS/D** ☐ Change ☒ Addition
NAME **Ruth B. Kinsolving**
STREET ADDRESS **One Harbour Place-- 777 S. Harbour Isl.**
CITY-ST-ZIP **Tampa, FL 33602-5799**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AT** ☐ Change ☒ Addition
NAME **Hywel Leonard**
STREET ADDRESS **One Harbour Place - 777 S. Harbour Isl.**
CITY-ST-ZIP **Tampa, FL 33602-5799**

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 lines empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

(813) 223-7000

Daytime Phone #

CR2E034 (9/99)