

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 031 ***150.00

DOCUMENT # 601734

1. Entity Name

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

Principal Place of Business

Mailing Address

4400 PGA BLVD
 STE 800
 PALM BCH GARDENS FL 33410
 US

4400 PGA BLVD
 STE 800
 PALM BEACH FLA 33410-6561
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1280898

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

~~BARRA, RICHARD K~~
4400 PGA BOULEVARD, SUITE 800
PALM BCH. GDNS. FL 33410

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	VSD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JAMES R	NAME	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GDNS. FL	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRA, RICHARD K	NAME	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS. FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, JOHN M	NAME	
STREET ADDRESS	4400 PAG BOULEVARD, SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	VTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, JR., JOHN L.	NAME	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS., FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

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

4/27/00
 Date

561-624-3900
 Daytime Phone #