

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90266 013 ***150.00

DOCUMENT # 601864

1. Entity Name
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Principal Place of Business 1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH FL 33401	Mailing Address 1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH FL 33401
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00011400



DO NOT WRITE IN THIS SPACE

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 **59-1280063** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WHITE II, JOHN
 1645 PALM BEACH LAKES BLVD.
 STE 1200
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
 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 _____ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ARMOUR II, ALAN I 1645 PALM BCH LKS BLVD #1200 WEST PALM BCH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NASON, NATHAN E 1645 PALM BCH LKS BLVD #1200 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JAMES, ELAINE JOHNSON 1645 PALM BCH LKS BLVD #1200 WEST PALM BCH. FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITE II, JOHN 1645 PALM BCH LAKES 1200 WEST PALM BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LIOCE, DOMENICK 1645 PALM BCH LKS BLVD #1200 WEST PALM BCH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GERSON, GARY N 1645 PALM BCH LKS BLVD #1200 W PALM BCH FL 33401 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas J. Yeager 1645 Palm Beach Lakes Blvd., #1200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Assistant V-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark A. Pachment 1645 Palm Beach Lakes Blvd., #1200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant V-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gregory Scott 1645 Palm Beach Lakes Blvd., #1200 West Palm Beach, Florida 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Gary N. Gerson v.p. January 24, 2001 (561) 686-3307
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gary N. Gerson, Director

CR2E034 (10/00)