

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90012 038 ***150.00

DOCUMENT # 603638

1. Entity Name

BEDELL, DITTMAR, DEVAULT, PILLANS & COXE PROFESSIONAL ASSOCIATION



Principal Place of Business

**101 E. ADAMS STREET
JACKSONVILLE FL 32202-0330**

Mailing Address

**101 E. ADAMS STREET
JACKSONVILLE FL 32202-0330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1407533**

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

**DEVAULT III, JOHN A
101 E ADAMS ST
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 **PD** ☐ Delete
NAME **DEVAULT, JOHN A. III**
STREET ADDRESS **4345 VENETIA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VD** ☐ Delete
NAME **PILANS, CHARLES P. III**
STREET ADDRESS **10 BUCKTHORN**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **SD** ☐ Delete
NAME **TRIPP, C. WARREN JR.**
STREET ADDRESS **4528 ORTEGA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TD** ☐ Delete
NAME **COXE, HENRY M. III**
STREET ADDRESS **1824 MCINTOSH PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
NAME **BEVERLY, THOMAS M.**
STREET ADDRESS **2886 DU PONT AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Delete
NAME **BARKSDALE, O DAVID**
STREET ADDRESS **1271 CHALLEN AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Change ☒ Addition
NAME **Brooke, Allan F. II**
STREET ADDRESS **4979 Apache Avenue**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Change ☐ Addition
NAME **Pillans, Charles P. III**

TITLE **D** ☐ Change ☒ Addition
NAME **Farnell, R. H. II**
STREET ADDRESS **4877 Water Oak Lane**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☐ Change ☒ Addition
NAME **Grimm, Courtney K.**
STREET ADDRESS **511 Brangcomb Road**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)