

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646387

1. Entity Name

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.

Principal Place of Business

Mailing Address

802-11TH STREET WEST
BRADENTON FL 34205

802-11TH STREET WEST
BRADENTON FL 34205-7734

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 59-1950976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, ROBERT G
802-11TH STREET WEST
BRADENTON FL 33505

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLALOCK, ROBERT G	
STREET ADDRESS	6705 ARBOR OAKS DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALTERS, CLIFFORD L.	
STREET ADDRESS	511 51ST STREET NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	VOGLER, EDWARD I.	
STREET ADDRESS	9649 18TH AVE CIR NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HELD, BARBARA ANN	
STREET ADDRESS	13409 2 AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES F.	
STREET ADDRESS	922 83 ST NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

(941) 748-0100

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90143 030 ***150.00



DO NOT WRITE IN THIS SPACE