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

## Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # 692709** 1. Entity Name SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION 04-13-2000 90004 024 \*\*\*500.00 Principal Place of Business Mailing Address 225 WATER STREET 225 WATER STREET 1800 FIRST UNION NATIONAL BANK TOWER 1800 FIRST UNION NATIONAL BANK TOWER JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-5185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2100518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUNTZ, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET **SUITE 1800** JACKSONVILLE FL 32202 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DV. TITLE ☐ Change ☐ Addition TITLE ☐ Delete POST, JAMES H NAME NAME STREET ADDRESS 1251 HERON POINT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL PDC ☐ Addition Change TITLE □ Delete TITLE BUSEY, STEPHEN D. NAME NAME STREET ADDRESS STREET ADDRESS 225 WATER ST., #1800 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change VD Delete TITLE ☐ Addition TITLE NAME WILSON, HARRY M., III NAME STREET ADDRESS STREET ADDRESS 3830 BETTES CIRCLE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE Delete NAME KUNTZ: WILLIAM E. STREET ADDRESS STREET ADDRESS 4744 PRINCE EDWARD RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change ☐ Addition TITLE NAME LEWIS, RICHARD M JR. NAME STREET ADDRESS 4619 APACHE AVE STREET ADDRESS CITY-ST-79 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOHNSTON, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 1834 DEER RUN TTRAIL CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL

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:

Jean Johnston

Treasurer

4/4/00 (904) 359-7700

ED NAME OF SIGNING OFFICER OR DIRECTOR

IGNATURE AND TYPED OR PRINT