

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # G94133**

1. Entity Name  
**SMOOT ADAMS EDWARDS & GREEN, P.A.**

Principal Place of Business 12800 UNIVERSITY DRIVE, STE 600 P.O. BOX 60259 FT MYERS FL 33907	Mailing Address 12800 UNIVERSITY DRIVE, STE 600 P.O. BOX 60259 FT MYERS FL 33907
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number  
**59-2397224**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>GREEN BRUCE D</b> <b>12800 UNIVERSITY DR, STE 600</b> <b>FT. MYERS FL 33907 US</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE **02/01/2000**  
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			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOMRAY MARK R.			NAME	KOMRAY MARK R.		
STREET ADDRESS	12800 UNIVERSITY DR. #600			STREET ADDRESS	12800 UNIVERSITY DR., #600		
CITY-ST-ZIP	FT. MYERS FL 33907			CITY-ST-ZIP	FT. MYERS FL 33907		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINER, STEVEN L.			NAME	WINER STEVEN I		
STREET ADDRESS	12800 UNIVERSITY DR, 600			STREET ADDRESS	12800 UNIVERSITY DR, #600		
CITY-ST-ZIP	FT MYERS FL 33907			CITY-ST-ZIP	FT MYERS FL 33907		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, HAL			NAME	ADAMS HAL		
STREET ADDRESS	12800 UNIVERSITY DR, 600			STREET ADDRESS	12800 UNIVERSITY DR, #600		
CITY-ST-ZIP	FT MYERS FL 33907			CITY-ST-ZIP	FT MYERS FL 33907		
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN BRUCE D.			NAME	GREEN BRUCE D		
STREET ADDRESS	12800 UNIVERSITY DR. #600			STREET ADDRESS	12800 UNIVERSITY DR., #600		
CITY-ST-ZIP	FT. MYERS FL 33907			CITY-ST-ZIP	FT. MYERS FL 33907		
TITLE	CEOD	<input type="checkbox"/> Delete		TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS CHARLES B.			NAME	EDWARDS CHARLES B		
STREET ADDRESS	12800 UNIVERSITY DRIVE, 600			STREET ADDRESS	12800 UNIVERSITY DRIVE, #600		
CITY-ST-ZIP	FT. MYERS FL 33907			CITY-ST-ZIP	FT. MYERS FL 33907		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOOT, J. TOM, JR.			NAME	SMOOT, JR J. TOM		
STREET ADDRESS	12800 UNIVERSITY DR, 600			STREET ADDRESS	12800 UNIVERSITY DR, #600		
CITY-ST-ZIP	FT MYERS FL 33907			CITY-ST-ZIP	FT MYERS FL 33907		

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: Steven L. Winer VD 02/01/2000