

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90049 006 ***150.00

0522265 AV

DOCUMENT # H10733

1. Entity Name

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, INC.

Principal Place of Business

**2033 MAIN ST.
 STE 600
 SARASOTA FL 34237**

Mailing Address

**2033 MAIN ST.
 STE 600
 SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2552799

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPKINS, F THOMAS III
 2033 MAIN ST
 SUITE 600
 SARASOTA FL 34237**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	HOPKINS, F. THOMAS	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARTLETT, CHARLES J	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LYONS, ROBERT G	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MYERS, TROY H JR	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FUREN, MICHAEL J	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERRILL, WILLIAM M III	
STREET ADDRESS	2033 MAIN STREET, SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *F. Thomas Hopkins* VP

2-12-02

941-366-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)