

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90029 031 \*\*\*\*61.25

**DOCUMENT # N95000000143**  
 1. Entity Name  
**DANIEL WEBSTER PERKINS BAR ASSOCIATION, INC.**

Principal Place of Business <b>100 RIVERSIDE AVE. JACKSONVILLE FL 32202</b>	Mailing Address <b>100 RIVERSIDE AVE. JACKSONVILLE FL 32202-4925</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3289101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**LAWRENCE, NOEL G ESQ.**  
**100 RIVERSIDE AVE.**  
**JACKSONVILLE FL 32202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>WRIGHT, PAMELA G</b> <b>126 WEST ADAMS ST, SUITE 700</b> <b>JACKSONVILLE FL 32202</b>
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>PARKER, AVA</b> <b>200 W. FORSYTH ST, STE 800</b> <b>JACKSONVILLE FL 32202</b>
TITLE <b>SD</b>	<input type="checkbox"/> Delete <b>JOHNSON, EARL M JR</b> <b>233 EAST BAY STREET, STE 901</b> <b>JACKSONVILLE FL 32202</b>
TITLE <b>TD</b>	<input type="checkbox"/> Delete <b>DEMPSEY, DON</b> <b>603 NORTH MARKET STREET</b> <b>JACKSONVILLE FL 32202</b>
TITLE <b>PE</b>	<input type="checkbox"/> Delete <b>ROLLE, WADE</b> <b>4730 NORTH MARKET STREET</b> <b>JACKSONVILLE FL 32202</b>
TITLE <b></b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Noel G. Lawrence, Esq</b> <b>100 Riverside Avenue</b> <b>Jax FL 32202</b>
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wade Rolle</b> <b>4730 NORWOOD AVE</b> <b>Jax FL 32206</b>
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROBIN ROBERTS</b> <b>1562 Pointer Drive W.</b> <b>JAX FL 32221</b>
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DONALD DEMPSEY</b> <b>40 100 Riverside Avenue</b> <b>JAX FL 32202</b>
TITLE <b>PE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brenda Priestley Jackson</b> <b>220 S. Forsyth Street</b> <b>JAX FL 32202</b>
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:** *Richard G. Lawrence* **NOEL G. LAWRENCE ESQ.** 1/3/00 904 356 9928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)