## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 17, 2003 8:00 am Secretary of State DOCUMENT # N9500000143 1. Entity Name 03-17-2003 91072 021 \*\*\*\*61.25 DANIEL WEBSTER PERKINS BAR ASSOCIATION, INC. Principal Place of Business Mailing Address 101 ESAT UNION ST 101 (ESAT) UNION ST JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address 101 East Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3289101 Applied For Zip Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWRENCE, NOEL G ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 EAST UNION STREET 200 JACKSONVILLE FL 32202 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. I am familiar with, and accept SIGNATURĖ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE NAME LAWRENCE, NOEL G ESQ , Name STREET ADDRESS 101 EAST UNION STREET STE 200 STREET ADDRESS erstreet stute 2020 CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP 3220 TITLE PD Delete TITLE NAME Change ROBERTS, ROBIN ☐ Addition NAME STREET ADDRESS C/O EAST UNION STREET STE 200 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE Delete TITI F NAME CARTER, RONNIE ☐ Addition NAME STREET ADDRESS C/O 101 EAST UNION STREET STE 200 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE **X** Delete TITLE NAME Change Jefferson, Ceceila ☐ Addition STREET ADDRESS C/O 101 EAST UNION ST STE 200 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Delete TITLE xler van Dans NAME □ Change ☐ Addition. . NAME O Riverplace Blva STREET ADDRESS 246 210 STREET ADDRESS CITY-ST-ZIP KSON411e FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

**FILED**