

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90120 020 ***150.00

DOCUMENT # P00000001078

1. Entity Name

SUSSMAN, JAFFE & COMPANY, P.A.

Principal Place of Business

**5150 BELFORT ROAD
 BUILDING 300
 JACKSONVILLE FL 32256**

Mailing Address

**5150 BELFORT ROAD
 BUILDING 300
 JACKSONVILLE FL 32256**

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

59-3617565

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSSMAN, CHARLES R
 5150 BELFORT ROAD
 BUILDING 300
 JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent who filed application

(NOTE: Registered Agent signature must be notarized)

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, 2001 Fee will be \$350.00
 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

TITLE	D	☐ Delete
NAME	SUSSMAN, CHARLES R	
STREET ADDRESS	5150 BELFORT ROAD, BUILDING 300	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ Delete
NAME	JAFFEE, LAWRENCE L	
STREET ADDRESS	5150 BELFORT ROAD, BUILDING 300	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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, changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Susman (Charles R. Susman) 4/24/01 (904) 296-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)