

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90016 021 ***150.00

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DOCUMENT # P97000082242

1. Entity Name

WALTERS LEVINE BROWN KLINGENSMITH & THOMISON, P.
A.

Principal Place of Business

1515 RINGLING BLVD
SUITE 900
SARASOTA FL 34236
US

Mailing Address

P.O. BOX 1479
SARASOTA FL 34230-1479
US

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

65-0786055

Applied For

Not Applicable

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

THOMISON, JAMES E
1515 RINGLING BLVD
SUITE 900
SARASOTA FL 34236

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	VP WALTERS, JOEL W 1515 RINGLING BLVD, #900 SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, STUART J 1515 RINGLING BLVD, #900 SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JOHN E 1515 RINGLING BLVD, #900 SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLINGENSMITH, H. JACK 1515 RINGLING BLVD, #900 SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMISON, JAMES E 1515 RINGLING BLVD, #900 SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

JOHN E BROWN

President 4/2/02 941 364-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)