

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90045 024 \*\*\*150.00

**DOCUMENT # P97000027130**

1. Entity Name  
**20 WEST ADAMS ST., INC.**

Principal Place of Business 118 W. ADAMS ST. STE 1000 JACKSONVILLE FL 32202 US	Mailing Address 118 W. ADAMS ST. STE 1000 JACKSONVILLE FL 32202-3800 US
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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 **59-3440017**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOSTER, SCOTT R**  
**118 W. ADAMS ST.**  
**STE 1000**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 2000 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LUCAS, CYNTHIA A</b>
STREET ADDRESS	<b>5242 OXFORD GABLE LN. W.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FOSTER, SCOTT R</b>
STREET ADDRESS	<b>2801 LORIMER TERR.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ADDISON, GRAFTON D III</b>
STREET ADDRESS	<b>11788 WORDSWORTH CT.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHULTZ, JOHN R</b>
STREET ADDRESS	<b>1823 SEMINOLE RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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 persons empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/4/00** (904) **354-1789**  
 Daytime Phone #

CR2E034 (9/99)