

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 233840

1. Entity Name

POST, BUCKLEY, SCHUH & JERNIGAN, INC.

Principal Place of Business

% 2001 N.W. 107 AVENUE  
MIAMI FL 33172-2507

Mailing Address

% 2001 N.W. 107 AVENUE  
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHAFER, BECKY S., ESQ.  
2001 N.W. 107 AVENUE  
MIAMI FL 33172

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

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, 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

TITLE ~~CO~~ ☐ Delete  
NAME RANDOLPH, WILLIAM W.  
STREET ADDRESS 26 HUNTING LODGE DR  
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE VS ☐ Delete  
NAME GRUBEL, RICHARD M  
STREET ADDRESS 738 NW 6TH ST  
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ Delete  
NAME WICKETT, RICHARD A  
STREET ADDRESS 7605 NW 71ST TERR  
CITY-ST-ZIP PARKLAND FL

TITLE PD ☐ Delete  
NAME DYE, MICHAEL H  
STREET ADDRESS 16115 W PRESTWICK PL  
CITY-ST-ZIP MIAMI LAKES FL

TITLE VD ☐ Delete  
NAME ZUMWALT, JOHN B  
STREET ADDRESS 3085 EDMOOR DR  
CITY-ST-ZIP PALM HARBOR FL

TITLE VS ☐ Delete  
NAME DELOACH, W. SCOTT  
STREET ADDRESS 2001 N.W. 107 AVE.  
CITY-ST-ZIP MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE C O ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P O ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott DeLoach

Vice President

Date

1/2/00

Daytime Phone #

305-592-7225

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90049 001 \*\*\*635.00



DO NOT WRITE IN THIS SPACE

MAR 20 2000

CR2E034 (9/99)