

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000016062**

1. Entity Name

**SEIPP, FLICK & KISSANE, P.A.****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90090 009 \*\*\*150.00

Principal Place of Business <b>2400 SUNBANK INTERNATIONAL CTR ONE SE THIRD AVE MIAMI FL 33131</b>	Mailing Address <b>2450 SUNTRUST INT. CTR ONE SE THIRD AVE MIAMI FL 33131 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number <b>65-0562717</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SEIPP, JOHN C JR 2450 SUNTRUST INTERNATIONAL CTR ONE SE THIRD AVE MIAMI FL 33131</b>
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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, 2001 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEIPP, JOHN C JR</b>	NAME	
STREET ADDRESS	<b>2400 SUNBANK INTERNATIONAL CTR, 1 SE 3RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KISSANE, DANIEL J</b>	NAME	
STREET ADDRESS	<b>2400 SUNBANK INTERNATIONAL CTR, 1 SE 3RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLICK, CHARLES P.</b>	NAME	
STREET ADDRESS	<b>2450 SUNTRUST INT'L CTR, ONE SE 3RD AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

**John C. Seipp Jr.**

Date

Daytime Phone #

CFR2034 (10/00)