

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601723

Entity Name: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.**Current Principal Place of Business:**215 NORTH EOLA DR.
ORLANDO, FL 32801-2028**Current Mailing Address:**POST OFFICE BOX 2809
ORLANDO, FL 32802 US**FEI Number: 59-1276118****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DYMOND, WILLIAM TJR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/CEO/P
Name DYMOND, WILLIAM TJR
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name BECKETT, WILLIAM A
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name BURKET, DALE A
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name DELLINGER, RICHARD S
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name KANTOR, HAL H
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name BOZZUTO, JACQUELINE
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name CAVANAUGH, CASEY M
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name DOBREV, ALEXANDER B
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM P. DYMOND, JR.**PRESIDENT****04/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DVP
Name FILDES, RICHARD J
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name FREY, JULIA L
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City-State-Zip: ORLANDO FL 32802

Title DVP
Name GIBBS, JON M
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City-State-Zip: ORLANDO FL 32802

Title DVP
Name HEEKIN, JAMES F JR
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Title DVP
Name KALEITA, GARY M
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Title DVP
Name LANE, JOSEPH A
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Title DVP
Name MARTINEZ, JOAQUIN E
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Title DVPS
Name MCNEILL, HAROLD H
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Name O'KANE, MATTHEW R
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Title DVP
Name RHODEN, REBECCA
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Title DVP
Name RUFFIER, JOHN

Title DVP
Name FRANCIS, THOMAS E
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Title DVP
Name GEBAIDE, RACHEL D
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Title DVP
Name LOPEZ, PETER L
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Title DVP
Name MCINTOSH, DANIEL F
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Title DVP
Name MIEDONA, TIMOTHY R
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Name RADER, SHAWN G
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Title DVP
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Title DVP
Name SORRELL, DREW W
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Title DVP
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Title DVP
Name WILSON, MARY R
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Title DVP
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Title DVP
Name STANLEY, NORMA
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Title DVP
Name TOSCANO, JAMES S
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Title DVP
Name WILSON, AMANDA F
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Title DVP
Name YOUNG, TERRY C
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Title DVP
Name GLUCK, ANDREW M
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Title DVP
Name LYNCH, MELODY
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Title DVP
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