### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 601864** 

Entity Name: NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

FILED Apr 30, 2014 Secretary of State CC7332534021

## **Current Principal Place of Business:**

1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH, FL 33401

# **Current Mailing Address:**

1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH, FL 33401

FEI Number: 59-1280063 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

WHITE II, JOHN 1645 PALM BEACH LAKES BLVD. STE 1200 WEST PALM BEACH, FL 33401 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. EXECUTIVE SECRETARY Title D. VP

Name ARMOUR, ALAN II Name PACHMAN, MARK A

Address 1645 PALM BCH LKS BLVD #1200 Address 1645 PALM BCH LKS BLVD #1200

City-State-Zip: WEST PALM BCH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title D. CEO Title D, CHAIRMAN OF THE BOARD

Name NASON, NATHAN E Name WHITE, JOHN II

Address 1645 PALM BCH LKS BLVD #1200 Address 1645 PALM BCH LAKES #1200

City-State-Zip: WEST PALM BCH. FL 33401 City-State-Zip: WEST PALM BCH. FL

Title DCFO Title DP

Name LIOCE, DOMENICK R Name GERSON, GARY N

Address 1645 PALM BCH LKS BLVD #1200 Address 1645 PALM BCH LKS BLVD #1200

City-State-Zip: WEST PALM BCH FL 33401 City-State-Zip: W PALM BCH FL 33401

Title DIRECTOR, EXECUTIVE TREASURER Title DIRECTOR, DEPUTY CHEIF

Name HARDING, GEORGE E Name HARRIS, MICHAEL D

Address 1645 PALM BCH LKS BLVD Address 1645 PALM BCH LKS BLVD

SUITE 1200

City-State-Zip: WEST PALM BCH FL 33401 City-State-Zip: WEST PALM BCH FL 33401

## Continues on page 2

D

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: DOMENICK R. LIOCE

04/30/2014

## Officer/Director Detail Continued:

Title TREASURER
Name HICKEY, BRIAN C

Address 1645 PALM BCH LKS BLVD

**SUITE 1200** 

City-State-Zip: WEST PALM BCH FL 33401

Title ASST. SECRETARY

Name NULLMAN, MICHAEL H

Address 1645 PALM BCH LKS BLVD

**SUITE 1200** 

City-State-Zip: WEST PALM BCH FL 33401

Title SECRETARY

Name SCOTT, GREGORY L

Address 1645 PALM BCH LKS BLVD

**SUITE 1200** 

City-State-Zip: WEST PALM BCH FL 33401

Title D, ASST. VP

Name FUMERO, JOHN J

Address 1645 PALM BCH LKS BLVD

**SUITE 1200** 

City-State-Zip: WEST PALM BCH FL 33401

Title ASST. TREASURER
Name BERNSTEIN, BRIAN S

Address 1645 PALM BCH LKS BLVD

**SUITE 1200** 

City-State-Zip: WEST PALM BCH FL 33401