# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 19, 2000 8:00 am**
**Secretary of State**
05-19-2000 90099 030 ***150.00

DOCUMENT # 146205

1. Entity Name
BYRON HARLESS, REID, REYNOLDS, KALKINES & BUFFONE, INC

Principal Place of Business: 4651 Salisbury Rd. Jacksonville, FL 32256

Mailing Address: 4651 Salisbury Rd. Jacksonville, FL 32256

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0549943 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**
Reynolds, Gerald E PHD
209 Linkside Cir
Ponte Vedra Beach, FL 32082

**7. Name and Address of New Registered Agent**
Name: MABM Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): Attention: James A. Nolan, III
One Independent Drive, Suite 3000
City: Jacksonville FL Zip Code: 32202

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] James A. Nolan, III, VP April 28, 2000
Signature and 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Delete |
|---|---|
| S<br>Buffone, Gary W.<br>2738 Christopher Creek Rd<br>Jacksonville, FL 32217 | ☐ |
| C<br>Reynolds, Gerald E.<br>209 Linkside Circle<br>Ponte Vedra Beach, FL | ☐ |
| P<br>Kalkines, Christopher T<br>1126 Seawood Dr<br>Neptune Beach, FL | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change | Addition |
|---|---|---|
| D/S | ☒ | ☐ |
| D/C | ☒ | ☐ |
| D/P | ☒ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

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] Christopher T. Kalkines 904-296-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #