

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416284

1. Entity Name

H.W. KEISTER ASSOCIATES, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90059 018 ***158.75

Principal Place of Business

Mailing Address

4019 WOODCOCK DRIVE
 SUITE 201
 JACKSONVILLE FL 32207
 US

4019 WOODCOCK DRIVE
 SUITE 201
 JACKSONVILLE FL 32207
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1435681

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEISTER, MARK J.
 7355 BUCKSKIN TRAIL S
 JACKSONVILLE FL 3227

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPT
 WEBB, DAVID L
 4019 WOODCOCK DRIVE SUITE 201
 JACKSONVILLE FL 32207 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PS
 KEISTER, MARK J.
 4019 WOODCOCK DRIVE SUITE 201
 JACKSONVILLE FL 32207 ☐ Delete

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

TITLE
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 D
 ROTH, DENNIS A
 4019 WOODCOCK DRIVE SUITE 201
 JACKSONVILLE FL 32207 ☐ Delete

TITLE
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☐ Change ☐ Addition

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, without other like empowerment.

SIGNATURE: *K*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Keister 7/27/01 904-740-4000

Date

Daytime Phone #

CR2E034 (10/00)