

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90039 038 \*\*\*150.00

**DOCUMENT # 455158**

1. Entity Name

**DOUGLAS CAPITAL MANAGMENT, INC.**

Principal Place of Business

Mailing Address

**814 HWY A1A NORTH  
 SUITE 201  
 JACKSONVILLE FL 32082  
 US**

**814 HWY A1A NORTH  
 SUITE 201  
 JACKSONVILLE FL 32082  
 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 **59-1559296**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUGLAS, G. BRUCE  
 814 HWY A1A NORTH  
 SUITE 201  
 JACKSONVILLE FL 32082**

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	CD	<input type="checkbox"/> Delete
NAME	DOUGLAS, G BRUCE	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS, CHRISTOPHER	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHOBES, ANNE, L	
STREET ADDRESS	10033 SAWGRASS DR. WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VDTs	<input type="checkbox"/> Delete
NAME	DOUGLAS, JAMES A.	
STREET ADDRESS	10033 SAWGRASS DRIVE WEST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *J.A. Douglas*

**JAMES A. DOUGLAS**

1/22/01

904-285-7866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)