

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90015 002 ***150.00

DOCUMENT # 469807

1. Entity Name

LIVINGSTON & REILLY, P.A.

Principal Place of Business

Mailing Address

255 S ORANGE AVE
SUITE 850
ORLANDO FL 32801
US

P.O. BOX 2151
ORLANDO FL 32802-2151

00000743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

612 E. Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

4. FEI Number

59-1578882

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

Country

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

LIVINGSTON, GERALD S
255 S ORANGE AVE
SUITE 850
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

612 E. Colonial Drive
Suite 350

City

Orlando

FL

Zip Code
32803

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LIVINGSTON, GERALD S
STREET ADDRESS 255 S ORANGE AVE, SUITE 850
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 612 E. Colonial Drive, Suite 350
CITY-ST-ZIP Orlando, Florida 32803

TITLE SD
NAME REILLY, AILEEN M
STREET ADDRESS 255 SOUTH ORANGE AVENUE, STE. 850
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 612 E. Colonial Drive, Suite 350
CITY-ST-ZIP Orlando, Florida 32803

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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:

[Signature] Gerald S. Livingston April 13, 2000 (407) 422-2524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)