

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90053 031 ***150.00

DOCUMENT # 510106

1. Entity Name

GILBRIDE, HELLER, & BROWN, P.A.

Principal Place of Business

Mailing Address

**ONE BISCAYNE TOWER
15TH FLOOR
MIAMI FL 33131****ONE BISCAYNE TOWER
15TH FLOOR
MIAMI FL 33131**

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

59-1684226

Applied

Not

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

**HELLER, LAWRENCE R.
ONE BISCAYNE TOWER
15TH FLOOR
MIAMI FL 33131**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	☐ Delete
NAME	HELLER, LAWRENCE R.	
STREET ADDRESS	ONE BISCAYNE TOWER	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	☐ Delete
NAME	GILBRIDE, JAMES F.	
STREET ADDRESS	ONE BISCAYNE TOWER	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	☐ Delete
NAME	BROWN, LEWIS N.	
STREET ADDRESS	ONE BISCAYNE TOWER	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐
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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00

Date

Daytime Phone #