

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 538015

1. Entity Name

TAYLOR, LAWLESS AND SINGER, P.A.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90030 048 ***150.00

0411249

Principal Place of Business
46 NORTH WASHINGTON BLVD.
SUITE 21
SARASOTA FL 34236
US

Mailing Address
46 NORTH WASHINGTON BLVD.
SUITE 21
SARASOTA FL 34236
US

C0038902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 South School Avenue
Suite, Apt. #, etc.
Suite 700
City & State
Sarasota FL
Zip
34237
Country
USA

3. Mailing Address
1 South School Avenue
Suite, Apt. #, etc.
Suite 700
City & State
Sarasota FL
Zip
34237
Country
USA

4. FEI Number 59-1746807
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RICHARD J.
46 NORTH WASHINGTON BLVD.
SARASOTA FL 34236
1 South School Ave.
SARASOTA FL 34237

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, RICHARD J.	
STREET ADDRESS	7317 CRAPE MYRTLE WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAWLESS, DOUGLAS P	
STREET ADDRESS	301 ARCHIBALD AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SINGER, MARK D.	
STREET ADDRESS	2602 STARLING LANE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JAMES R. COONEY	
STREET ADDRESS	720 GARFIELD DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Treasurer/Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M. Fournier	
STREET ADDRESS	4405 Beauchamp Court	
CITY-ST-ZIP	SARASOTA, FL 34235	
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: Richard J. Taylor Richard J. Taylor 03/26/01 941 366-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)