

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 601867**

1. Entity Name

MOYLE, FLANIGAN, KATZ, RAYMOND & SHEEHAN, P.A.

Principal Place of Business

**625 N. FLAGLER DR. 9TH FL.
P.O. BOX 3888
WEST PALM BEACH FL 33401**

Mailing Address

**625 N. FLAGLER DR. 9TH FL.
P.O. BOX 3888
WEST PALM BEACH FL 33401**

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 **59-1304995**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FLANIGAN, JOHN F.
436 OYSTER ROAD
N. PALM BEACH FL 33408**

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	MOYLE, JON C	
STREET ADDRESS	3445 SPYGLASS WAY	
CITY-ST-ZIP	JUPITER, FL 33477 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, MARTIN	
STREET ADDRESS	7287 PIONEER ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 00000	
TITLE	VST	<input type="checkbox"/> Delete
NAME	FLANIGAN, JOHN F	
STREET ADDRESS	436 OYSTER ROAD	
CITY-ST-ZIP	NORTH PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEEHAN, THOMAS A., III	
STREET ADDRESS	54 OLD BRIDGE ROAD	
CITY-ST-ZIP	WEST PALM BEACH 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Flanigan**4/15/01**

Date

561-659-7500

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90189 044 ***150.00

745557

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)