

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90137 015 ***150.00

0127626 AT

DOCUMENT # 601872

1. Entity Name

MAGUIRE, VOORHIS, & WELLS, P.A.



Principal Place of Business
**200 S. ORANGE AVE.
SUITE 2600
ORLANDO FL 32801
US**

Mailing Address
**PO BOX 1526
ORLANDO FL 32802
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 **59-1352643**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, WILLIAM B
200 S. ORANGE AVE.
SUITE 2600
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, WILLIAM B 200 S. ORANGE AVE STE 2600 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN HEYDE, JOSEPH J II 200 SO. ORANGE AVE. STE. 2600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCBRIDE, WILLIAM H 400 N. ASHLEY DR STE 2300 TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALBRITTON, HERBERT L JR 1916 HARDEN BLVD LAKELAND FL 33803-1829	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Leighton D. Yates 200 S. ORANGE AVE STE 2600 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Howell W. Melton 200 S. ORANGE AVE STE 2600 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William B. Maguire, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03 (407) 244-1115

Date

Daytime Phone #

CR2E034 (4/03)

80144986

Attachments
601872

HOLLAND & KNIGHT LLP

200 South Orange Avenue, Suite 2600
P.O. Box 1526 (ZIP 32802-1526)
Orlando, Florida 32801

407-425-8500
FAX 407-244-5288
www.hklaw.com

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Mexico City	
Rio de Janeiro	*Representative Office

September 3, 2003

SUZANNE M. CLEVEN
407-244-5269

Internet
Address: ☐ smclevan@hklaw.com

Federal Express

Divisions of Corporations
409 East Gaines Street
Tallahassee, Florida

Re: Maguire, Voorhis & Wells, P.A.
Filing of Annual Report

To Whom it May Concern:

Enclosed please find a Annual Report for the above referenced entity. Also enclosed please find a check in the amount of \$150.00 made payable to the Department of State in payment of filing fees. For some reason we never received the original annual report form. This is the first time this has happened. I would greatly appreciate the filing of this document as soon as possible. Thank you for your attention to this matter.

Very truly yours,

Maguire, Voorhis & Wells, P.A.

Suzanne Cleven for
Bill Wilson
William B. Wilson
Vice President

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