

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90036 042 \*\*\*150.00

DOCUMENT # 602080 N/c 1/14/02 TM

1. Entity Name

~~NEILL GRIFFIN JEFFRIES FOWLER TIERNEY & NEILL, G~~  
~~HARTERED~~  
*Neill Griffin Fowler Tierney & Neill, Chartered*  
*(Renewed Status) Sec. of State Jan 02.*

Principal Place of Business

311 S SECOND ST  
FORT PIERCE FL 34950  
US

Mailing Address

311 S SECOND ST  
FORT PIERCE FL 34950  
US

822243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1289417

Applied For

Not Applicable

Zip

Country

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

NEILL, RICHARD V  
311 S 2ND ST  
FORT PIERCE FL 34950

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, 2002 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 ☒ Delete  
NAME ~~JEFFRIES, MICHAEL~~  
STREET ADDRESS ~~311 SOUTH 2ND ST~~  
CITY-ST-ZIP ~~FORT PIERCE, FL 00000~~

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

TITLE ☐ Delete  
NAME FOWLER, MICHAEL D  
STREET ADDRESS 311 SOUTH 2ND ST  
CITY-ST-ZIP FORT PIERCE, FL 00000 34950

TITLE ☐ Change ☒ Addition  
NAME VP + D,  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME NEILL, RICHARD V  
STREET ADDRESS 311 SOUTH 2ND ST  
CITY-ST-ZIP FORT PIERCE, FL 00000

TITLE ☐ Change ☒ Addition  
NAME Chairman + D.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME GRIFIN, CHESTER B  
STREET ADDRESS 311 SOUTH 2ND ST  
CITY-ST-ZIP FORT PIERCE, FL 00000

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

TITLE ☐ Delete  
NAME TIERNEY, J. STEPHEN JR.  
STREET ADDRESS 311 SOUTH 2ND ST  
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☒ Addition  
NAME VP + D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME NEILL, RICHARD V JR  
STREET ADDRESS 311 S 2ND ST  
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Change ☒ Addition  
NAME VP + D. + Treas.  
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 of Richard V. Neill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 564-464-8200  
Date Daytime Phone #

CR2E034 (9/01)