

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90064 026 \*\*\*150.00

**DOCUMENT # 602924**

1. Entity Name

**COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL ASSOCIATION**

Principal Place of Business

**2065 HERSCHEL ST  
 JACKSONVILLE FL 32204  
 US**

Mailing Address

**P.O. BOX 40089  
 JACKSONVILLE FL 32203  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

**59-1351084**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**COLEMAN, PATRICK D.  
 2065 HERSCHEL STREET  
 JACKSONVILLE FL 32204**

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	T	<input type="checkbox"/> Delete
NAME	GROGAN, MICHAEL K.	
STREET ADDRESS	2065 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM H.	
STREET ADDRESS	2065 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLEMAN, PATRICK	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S AUP	<input type="checkbox"/> Delete
NAME	RIEGL, ROBERT G JR	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	STRONG, TIMOTHY B	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Eric S. Holshouser	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	

TITLE	AUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary W. Barrett	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Prendergast	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather A. Owen	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Watson	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric S. Holshouser	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904/389-5161**

CR2E034 (9/01)