

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 605097**

1. Entity Name

HENRY, BUCHANAN, HUDSON, SUBER & CARTER, P.A.**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90007 025 ***150.00

Principal Place of Business	Mailing Address
117 S. GADSDEN STREET TALLAHASSEE FL 32301	P.O. DRAWER 1049 TALLAHASSEE FL 32302-1049 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-1519396	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BUCHANAN, JOHN D JR 117 S. GADSDEN ST. TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	VD
NAME	BUCHANAN, JOHN D JR	NAME	CARTER, JOE L E S.
STREET ADDRESS	117 SOUTH GADSDEN STREET	STREET ADDRESS	117 SOUTH GADSDEN STREET
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VDS	TITLE	
NAME	SUBER, JESSE F	NAME	
STREET ADDRESS	117 SOUTH GADSDEN STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	WILLIAMS, HARRIET W	NAME	
STREET ADDRESS	117 S. GADSDEN ST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HUDSON, EDWIN R	NAME	
STREET ADDRESS	117 SOUTH GADSDEN STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

4/25/2000

Date

(850) 222-2920

Daytime Phone #

CR2E034 (9/99)