

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **627418**

1. Entity Name
SAXELBYE, POWELL, ROBERTS & PONDER, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90367 022 ***150.00

Principal Place of Business Mailing Address
201 N. HOGAN ST. **201 N. HOGAN ST.**
SUITE 400 **SUITE 400**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**

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 **59-1927339** Added For Not Added
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONDER, L N
201 N HOGAN ST
STE 400
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
City 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 is required when re-registering) 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	PS	☐ Delete
NAME	PONDER, LARRY N.	
STREET ADDRESS	201 N. HOGAN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	LANE, DENNIS R.	
STREET ADDRESS	201 N. HOGAN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ Delete
NAME	KLUGE, DONALD C.	
STREET ADDRESS	201 N. HOGAN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(c), 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 I 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 I-ko empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 (904) 354-7728
Date Director, if known

CR2E034 (10/00)