

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # 633055**1. Entity Name
THE ATTORNEYS' NATIONAL CLEARING HOUSE CO.Principal Place of Business
2706 HORSESHOE DRIVE
STE 229
NAPLES FL 34104 US
Mailing Address
PO BOX 8688
NAPLES FL 34101 US2. Principal Place of Business
3436 SW 42ND AVE.3. Mailing Address
PO BOX 142828Suite, Apt. #, etc.
#25

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GAINESVILLE FLCity & State
GAINESVILLE FL4. FEI Number
41-0133200Applied For
Not ApplicableZip
32608 Country
USZip
32614 Country
US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent****BIRK, JOSEPH A.**
8087 SAN VISTA CIRCLE

NAPLES FL 34109 US

7. Name and Address of New Registered AgentName
BIRK JONATHAN AVPStreet Address (P.O. Box Number is Not Acceptable)
10612 SW 51ST LANECity
GAINESVILLE FL Zip Code
32608

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 **JONATHAN A. BIRK****01/16/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME **VD BIRK, JONATHAN A.** ☐ Delete
STREET ADDRESS **8114 COSTA BRAVA COURT**
CITY-ST-ZIP **NAPLES FL 34109**TITLE
NAME **PTD BIRK, JOHN M.** ☐ Delete
STREET ADDRESS **440 WIDGEON POINTE DR**
CITY-ST-ZIP **NAPLES FL**TITLE
NAME **CSD BIRK, JOSEPH A.** ☐ Delete
STREET ADDRESS **8087 SAN VISTA CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME **VD BIRK, JONATHAN A.** ☒ Change ☐ Addition
STREET ADDRESS **10612 SW 51ST LN.**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE
NAME **PTD BIRK, JOHN M.** ☒ Change ☐ Addition
STREET ADDRESS **10000 SW 52ND AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE
NAME **CSD BIRK, JOSEPH A.** ☒ Change ☐ Addition
STREET ADDRESS **5021 SW 94TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 34108**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: Jonathan A. Birk

VP

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)