

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A0000000599*

1. Entity Name  
MUIRHEAD, GAYLOR & STEVES, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 18 PM 2:37

Principal Place of Business Mailing Address  
901 Ridgewood Avenue Same  
Venice, Florida 34292

2. Principal Place of Business 3. Mailing Address  
901 Ridgewood Avenue Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Venice, Florida  
Zip Country Zip Country  
34292 U.S.

700003327197--7  
-07/19/00--01003--008-  
\*\*\*\*116.25 \*\*\*\*116.25  
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
65-0998169 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

W. E. "Chip" Gaylor (William E., III)  
901 Ridgewood Avenue  
Venice, Florida 34292

## 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 *[Signature]* William E. Gaylor, III 7/12/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as shown on record. \$10.00 10. Amount of Capital Contributions in FLORIDA to date. None 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

DOCUMENT # V13949  
NAME Muirhead & Gaylor, P.A.  
STREET ADDRESS 901 Ridgewood Avenue  
CITY-ST-ZIP Venice, Florida 34292

DOCUMENT # G14815  
NAME David A. Steves, P.A.  
STREET ADDRESS 1800 Second Street, #735  
CITY-ST-ZIP Sarasota, Florida 34236

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 1800 Second Street, Suite 918  
CITY-ST-ZIP Sarasota, Florida 34236

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* 7/12/00 941-484-3000  
Signature, AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
William E. Gaylor, III, Partner

CR2E003 (9/99)