

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13358

1. Entity Name

THOMSON BROCK CHERRY & COMPANY, P.A.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90063 038 ***150.00

Principal Place of Business
3375-G CAPITAL CIRCLE, N.E.
C/O W. FREDERICK THOMSON
TALLAHASSEE FL 32308

Mailing Address
3375-G CAPITAL CIRCLE, N.E.
C/O W. FREDERICK THOMSON
TALLAHASSEE FL 32308-3778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2048555** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMSON, W. FREDERICK
3375-G CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

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 _____ (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, 2000 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	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, W. FREDERICK		NAME		
STREET ADDRESS	3375G CAPITAL CR., N.E.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, HAROLD A., JR.		NAME		
STREET ADDRESS	3375G CAPITAL CR., N.E.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, REDFORD A.		NAME		
STREET ADDRESS	3375G CAPITAL CR., N.E.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 0		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGER, FRED C		NAME		
STREET ADDRESS	3375G CAPITAL CR NE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, CAROLYN S.		NAME		
STREET ADDRESS	3375-G CAPITAL CIRCLE, N.E.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: W. Frederick Thomson 3/29/00 850 385-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #