

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90169 018 ***150.00

DOCUMENT # F22480

1. Entity Name
TAYLOR, DAY & CURRIE, P.A.

Principal Place of Business Mailing Address
50 NORTH LAURA STREET **50 NORTH LAURA STREET**
SUITE 3500 **SUITE 3500**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202-3663**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2070298** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DAY,STEPHEN E.
50 NORTH LAURA STREET, SUITE 3500
JACKSONVILLE FL 32202

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

TITLE	DA	<input type="checkbox"/> Delete
NAME	ROEBUCK, RAYMOND L.	
STREET ADDRESS	50 N LAURA STREET, SUITE 3500	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN C., JR.	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAY, STEPHEN E.	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CURRIE, BRIAN E	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3500	
CITY-ST-ZIP	JACKSONVILLE, F	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, MICHAEL G	
STREET ADDRESS	50 NORTH LAURA ST., STE 3500	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	BOYD, CHRISTOPHER P	
STREET ADDRESS	50 N LAURA ST, STE 3500	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyd, Christopher P	
STREET ADDRESS	50 N Laura ST, Ste 3500	
CITY-ST-ZIP	Jacksonville, FL 32202	

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: _____ (904) 356-0700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)