

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90098 033 \*\*\*150.00

**DOCUMENT # F32739**

1. Entity Name  
**RUMBERGER, KIRK & CALDWELL, PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**201 S. ORANGE AVE  
STE 300 P.O. BOX 1873  
ORLANDO FL 32801  
US**

Mailing Address  
**P.O. BOX 1873  
-STE 300-  
ORLANDO FL 32802  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2089901**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRK, W. L., JR  
201 S. ORANGE AVE STE 300  
ORLANDO FL 32802-1873**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	CALDWELL, LORI J.	
STREET ADDRESS	201 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIRK, J. SCOTT	
STREET ADDRESS	201 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	W. L. KIRK, JR.	
STREET ADDRESS	201 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	J. RICHARD CALDWELL, JR	
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 2000	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEPPARD, FRANCIS H	
STREET ADDRESS	201 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	ATKINSON, JOHN BOND	
STREET ADDRESS	80 SW 8TH STREET SUITE 3000	
CITY-ST-ZIP	MIAMI FL 33130-3047	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

(407) 872-7300

Daytime Phone #

CR2E034 (10/02)