

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32956

1. Entity Name

GARDNER, SHELFER, DUGGAR, BIST & WIENER, P.A.

Principal Place of Business

1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

Mailing Address

1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312-2914

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

59-2088596

Applied For

Not Applicable

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

GARDNER, CHARLES R.  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

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, 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, 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	VD	<input type="checkbox"/> Delete
NAME	SHELFER, JAMES O	
STREET ADDRESS	1300 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, CHARLES R	
STREET ADDRESS	1300 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DUGGAR, ELAINE N	
STREET ADDRESS	1300 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BIST, MICHAEL P.	
STREET ADDRESS	1300 THOMASWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIENER, BRUCE I	
STREET ADDRESS	1300 THOMASWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELFER, JAMES O	
STREET ADDRESS	1300 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIST, MICHAEL P.	
STREET ADDRESS	1300 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiener, Bruce I	
STREET ADDRESS	1300 Thomaswood Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, without other like empowered.

SIGNATURE:

*Signature of President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00  
Date

385-0070  
Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90075 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE