

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90136 025 ***150.00

DOCUMENT # F32956

1. Entity Name

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

Principal Place of Business

**1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312**

Mailing Address

**1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312**

2. Principal Place of Business

1300 Thomaswood Drive

3. Mailing Address

1300 Thomaswood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-2088596

Applied For

Not Applicable

Zip

32308

Country

Zip

32308

Country

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

6. Name and Address of Current Registered Agent

GARDNER, CHARLES R.

1300 THOMASWOOD DRIVE

TALLAHASSEE FL 32312

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, 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, 2002 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 **VPTD** ☒ Delete
NAME **SHELFER, JAMES**
STREET ADDRESS **1300 THOMASWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **PD** ☐ Delete
NAME **GARDNER, CHARLES R**
STREET ADDRESS **1300 THOMASWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **STD** ☒ Delete
NAME **DUGGAR, ELAINE N**
STREET ADDRESS **1300 THOMASWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VPSD** ☐ Delete
NAME **BIST, MICHAEL P**
STREET ADDRESS **1300 THOMASWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VPD** ☐ Delete
NAME **WIENER, BRUCE I**
STREET ADDRESS **1300 THOMASWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Gardner, Charles R.**
STREET ADDRESS **1300 Thomaswood Drive**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPSD** ☒ Change ☐ Addition
NAME **Bist, Michael P.**
STREET ADDRESS **1300 Thomaswood Drive**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VPTD** ☒ Change ☐ Addition
NAME **WIENER, BRUCE I**
STREET ADDRESS **1300 THOMASWOOD DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/19/02

385-0070

Michael P. Bist Vice President/Secretary

Date

Daytime Phone #

CR2E034 (9/01)