

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46738

1. Entity Name

LIVERMORE, FREEMAN & MCWILLIAMS, P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90312 050 ***150.00

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD SUITE 1825 JACKSONVILLE FL 32207	1301 RIVERPLACE BLVD SUITE 1825 JACKSONVILLE FL 32207-9029

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2129150	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75. Additional Fee Required
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6. Name and Address of Current Registered Agent

LIVERMORE, DANIEL U JR
1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE FL 32207

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete
NAME	MCWILLIAMS, III, JOHN L	
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1825	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, RICHARD E	
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1825	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREEMAN, JUDSON JR	
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1825	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIVERMORE, DANIEL U JR	
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1825	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/S	<input checked="" 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	V/T	<input checked="" 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		

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:

Judson Freeman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(704) 399-0500

Daytime Phone #

CR2E034 (9/99)