

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90207 029 \*\*\*550.00

**DOCUMENT # F58000**

1. Entity Name  
**ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN, P.A.**

Principal Place of Business

**201 N FRANKLIN ST.  
STE 2100  
TAMPA FL 33602**

Mailing Address

**PO BOX 3433  
TAMPA FL 33601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2143036**

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

**RIDLEY, FRED.  
201 N. FRANKLIN ST  
TAMPA FL 33602**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCST  
EDWARDS, JOSEPH D  
201 N. FRANKLIN, STE. 2100  
TAMPA FL 33602** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GREEN, BRUCE D  
12800 UNIVERSITY PARK, STE 600  
FT MYERS FL 33906** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**James F. Garner, III  
12800 University Park, Suite 600  
Ft. Myers, FL 33906** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FENDRICK, W KEITH  
201 N. FRANKLIN ST.  
TAMPA FL 33602** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mark S. Howard  
201 N. Franklin St., Suite 2200  
Tampa, Florida 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RUGG, JOSEPH W  
201 N FRANKIN ST, STE 2100  
TAMPA FL 33602** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Lawrence P. Ingram  
201 N. Franklin St., Suite 2200  
Tampa, Florida 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARLICK, THOMAS B  
8889 PELICAN BAY BLVD 3RD FL  
NAPLES FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Stephen J. Szabo, III  
201 N. Franklin St., Suite 2200  
Tampa, Florida 33602** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)