

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89148

1. Entity Name

WARFEL, GOLDBERG, ~~DARIOTIS~~, WALDOCH & OLIVE, P.A.
Warfel, Goldberg, Waldoch & Olive, P.A.

Principal Place of Business

2120 KILLARNEY WAY
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 12458
TALLAHASSEE FL 32317-2458
US

2. Principal Place of Business

2039 Centre Pointe Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-2201082

Applied For

Not Applicable

Zip

32308

Country

USA

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

DARIOTIS, TERRENCE T
2120 KILLARNEY WAY
TALLAHASSEE FL 32308

Name
Stuart E. Goldberg

Street Address (P.O. Box Number is Not Acceptable)

2039 Centre Pointe Blvd., Suite 201

City
Tallahassee

FL

Zip Code
32308

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 

Stuart E. Goldberg

4/5/00

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

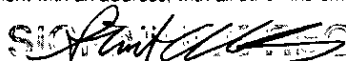
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WARFEL, TIMOTHY J.	
STREET ADDRESS	2120 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDBERG, STUART E.	
STREET ADDRESS	2120 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALDOCH, LAUCHLIN TENCH	
STREET ADDRESS	2120 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P,D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2039 Centre Pointe Blvd., Suite 201	
CITY-ST-ZIP		
TITLE	T,VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2039 Centre Pointe Blvd., Suite 201	
CITY-ST-ZIP		
TITLE	S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2039 Centre Pointe Blvd., Suite 201	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn D. Olive	
STREET ADDRESS	2039 Centre Pointe Blvd., Suite 201	
CITY-ST-ZIP	Tallahassee, FL 32308	
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

 Stuart E. Goldberg

4/5/00

Date

(850)
222-4000

Daytime Phone #

CR2E034 (9/99)