

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97052

1. Entity Name

WILLIAM W. CHASTAIN, PROFESSIONAL ASSOCIATION ✓

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90109 007 ***550.00

Principal Place of Business

~~201 N. FRANKLIN STREET~~
~~ONE TAMPA CITY CENTER STE 2400~~
~~TAMPA FL 33602~~
XXXXXX

Mailing Address

~~201 N. FRANKLIN STREET~~
~~ONE TAMPA CITY CENTER STE 2400~~
~~TAMPA FL 33602~~
XXXXXX

00082643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 S. Ashley Drive

Suite, Apt. #, etc.

Ste. 1470 - First Union

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Address

P.O. Box 222

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33601

Country

USA

4. FEI Number

59-2216494

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

CHASTAIN, WILLIAM W ESQ

~~201 N. FRANKLIN STREET~~

~~SUITE 2400~~

TAMPA FL 33602

First Union Center

100 S. Ashley Drive

Ste. 1470

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	<input type="checkbox"/> Delete
DP	CHASTAIN, WILLIAM W	First Union Center	100 S. Ashley Drive	
		201 N. FRANKLIN ST. STE 2400	TAMPA FL	
			Ste. 1470, Tampa, FL	
			33602	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: WILLIAM W. CHASTAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)