

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**  
 03-30-2001 90316 032 \*\*\*150.00

0580366

**DOCUMENT # G46205**

1. Entity Name

**PALMER & CAY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**76 SO. LAURA STREET  
 SUITE 1400  
 JACKSONVILLE FL 32202  
 US**

**P. O. BOX 847  
 SAVANNAH GA 31402-0847  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2305348**

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

**STEIN RICHARD W.  
 76 SO. LAURA STREET  
 SUITE 1400  
 JACKSONVILLE FL 32202**

Name  
**Corporation Service Company**

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

**1201 Hays Street**

City  
**Tallahassee**

**FL**

Zip Code  
**32301**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE

*Lynette Coleman* **Lynette Coleman**  
 as its agent

**3/26/2001**

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, 2001 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 **VD** ☐ Delete  
 NAME **MILES, BARRY E**  
 STREET ADDRESS **76 SO. LAURA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Miles, Barry E.**  
 STREET ADDRESS **76 South Laura Street**  
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **VD** ☒ Delete  
 NAME **SMITH, GEORGE G**  
 STREET ADDRESS **76 SO. LAURA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **Vice President/Director** ☐ Change ☒ Addition  
 NAME **F. Michael Crowley**  
 STREET ADDRESS **25 Bull Street**  
 CITY-ST-ZIP **Savannah, GA 31401-2658**

TITLE **T** ☐ Delete  
 NAME **LEHMAN, KAREN J**  
 STREET ADDRESS **25 BULL STREET**  
 CITY-ST-ZIP **SAVANNAH GA 31401-2658**

TITLE **Treasurer/Director** ☒ Change ☐ Addition  
 NAME **Lehman, Karen J.**  
 STREET ADDRESS **25 Bull Street**  
 CITY-ST-ZIP **Savannah, GA 31401-2658**

TITLE **CD** ☐ Delete  
 NAME **CAY, JOHN E III**  
 STREET ADDRESS **25 BULL ST.**  
 CITY-ST-ZIP **SAVANNAH GA 31401-2658**

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

TITLE **S** ☐ Delete  
 NAME **HOFELE, DAVID M**  
 STREET ADDRESS **25 BULL STREET**  
 CITY-ST-ZIP **SAVANNAH GA 31401-2658**

TITLE **Vice Preident/Sec/ Director** ☒ Change ☐ Addition  
 NAME **Hofele, David M.**  
 STREET ADDRESS **25 Bull Street**  
 CITY-ST-ZIP **Savannah, GA 31401-2658**

TITLE **PD** ☐ Delete  
 NAME **STEIN, RICHARD W**  
 STREET ADDRESS **76 SO. LAURA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Stein, Richard W.**  
 STREET ADDRESS **76 South Laura Street**  
 CITY-ST-ZIP **Jacksonville, FL 32202**

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:

*Richard W. Stein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/23/01 912 231-6809**

CR2E034 (10/00)