

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76510

1. Entity Name

MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90054 024 ***150.00

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202
US

P O BOX 59
JACKSONVILLE FL 32201-0059
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2350277

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

ROBERT O MICKLER
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

Name Sharon Roberts Henderson
Street Address (P.O. Box Number is Not Acceptable) 1 Independent Drive, Suite 3000
City Jacksonville FL Zip Code 32202

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 \$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	VP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, RALPH H.	
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	ADE, JAMES L	
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BIRCHFIELD, W.O.	
STREET ADDRESS	ONE INDEPENDENT DRIVE #3000	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	MILTON, JOHN D., JR.	
STREET ADDRESS	3000 INDEPENDENT SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HALKER, STEPHEN D	
STREET ADDRESS	ONE INDEPENDENT DRIVE #3000	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MICKLER, ROBERT O.	
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE FL	

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		
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:

W.O. Birchfield

1/6/00

(904) 354-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)