

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G76510**

1. Entity Name

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

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90227 034 \*\*\*550.00

Principal Place of Business

**ONE INDEPENDENT DRIVE  
SUITE 2000  
JACKSONVILLE FL 32202  
US**

Mailing Address

**P O BOX 59  
JACKSONVILLE FL 32201  
US**

00140000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**50 N. Laura Street**

Suite, Apt. #, etc.

**Suite 1600**

City & State

**Jacksonville, FL**

Zip  
**32202**

Country  
**USA**

3. Mailing Address

**50 N. Laura Street**

Suite, Apt. #, etc.

**Suite 1600**

City & State

**Jacksonville, FL**

Zip  
**32202**

Country  
**USA**

4. FEI Number

**59-2350277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, SHARON R  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

**Stephen H. Durant**

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

**50 N. Laura Street**

**Suite 1600**

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)

6/26/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BIRCHFIELD, W.O.	
STREET ADDRESS	50 N. LAURA STREET, SUITE 3300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOODREAD, MICHAEL E	
STREET ADDRESS	50 N. LAURA STREET, SUITE 3300	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHILDBERG, SCOTT G	
STREET ADDRESS	ONE INDEPENDENT DRIVE #3000	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICKLER, ROBERT O.	
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milton, John D., Jr.	
STREET ADDRESS	Post Office Box 4667	
CITY-ST-ZIP	Jacksonville, FL 32201	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Durant, Stephen H.	
STREET ADDRESS	50 N. Laura Street, Suite 1600	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halker, Stephen D.	
STREET ADDRESS	One Independent Drive #2000	
CITY-ST-ZIP	Jacksonville, FL 32202	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/02 904 3561300

CR2E034 (9/01)