

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40207

1. Entity Name

THE MERLIN LAW GROUP, P.A. GUNN Merlin, P.A.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90060 006 ***550.00

Principal Place of Business

Mailing Address

1100 N. FLORIDA AVE.
SUITE 300
TAMPA FL 33602
US

1100 N. FLORIDA AVE.
SUITE 300
TAMPA FL 33602-3302
US

2. Principal Place of Business

601 Bayshore Blvd.

Suite, Apt. #, etc.

Suite 800

City & State
TAMPA FL

Zip
33606

Country
USA

3. Mailing Address

601 Bayshore Blvd.

Suite, Apt. #, etc.

Suite 800

City & State
TAMPA FL

Zip
33606

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2491706

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

MERLIN, WILLIAM F JR.
1100 NORTH FLORIDA AVE., SUITE 300
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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MERLIN, WILLIAM F. JR.
1100 N. FLORIDA AVENUE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MERLIN, William F. JR.
601 Bayshore Blvd., Suite 800
TAMPA FL 33606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MERLIN, WILLIAM F., JR.
1100 N. FLORIDA AVENUE
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GUNN, Lee D. IV
601 Bayshore Blvd., Suite 800
TAMPA FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)