

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40207

1. Entity Name

GUNN MERLIN, P.A.

**FILED**  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90173 045 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

00066305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 Bayshore Blvd #800  
Suite, Apt. #, etc.

3. Mailing Address

601 Bayshore Blvd #  
Suite, Apt. #, etc.

#800

#800

City & State

TAMPA FL

City & State

TAMPA FL

Zip  
33606

Country  
USA

Zip  
33606

Country  
USA

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

MERLIN, WILLIAM F JR.  
1100 NORTH FLORIDA AVE., SUITE 300  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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, 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

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  
MERLIN, WILLIAM F., JR. ☒ Delete  
1100 N. FLORIDA AVENUE  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 (1/0/00)