

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H63849

1. Entity Name

RINK REYNOLDS DIAMOND FISHER WILSON, P.A.

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-09-2001 90770 031 ***150.00

Principal Place of Business

1301 RIVERPLACE BLVD., STE. 500
JACKSONVILLE FL 32207
US

Mailing Address

1301 RIVERPLACE BLVD., STE. 500
JACKSONVILLE FL 32207
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

59-2584959

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

MARLOW, STACEY
1301 RIVERPLACE BLVD., STE. 500
JACKSONVILLE FL 32207

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

Stacey Marlow

(NOTE: Registered Agent signature required when reinstating)

2/8/01

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	ST	<input type="checkbox"/> Delete
NAME	FISHER, THOMAS J	
STREET ADDRESS	1301 RIVER PL BLVD. STE. 500	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	WS	<input type="checkbox"/> Delete
NAME	WILSON, LARRY	
STREET ADDRESS	1301 RIVER PL BLVD. STE. 500	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	RP	<input type="checkbox"/> Delete
NAME	REYNOLDS, THOMAS W JR	
STREET ADDRESS	1301 RIVER PL BLVD. STE. 500	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DIAMOND, JOHN J	
STREET ADDRESS	1301 RIVER PLACE BLVD. STE. 500	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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)(l), 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:

Thomas W Reynolds Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

904/996-6757
Date Daytime Phone #

CR2E034 (10/00)