

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90005 041 ***150.00

DOCUMENT # H93901

1. Entity Name
T. WILLIAM GLOCKER, P.A.

Principal Place of Business
ONE INDEPENDENT DR
SUITE 300
JACKSONVILLE FL 32202
US

Mailing Address
ONE INDEPENDENT DR
SUITE 3000
JACKSONVILLE FL 32202
US

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE INDEPENDENT DR
Suite, Apt. #, etc.
SUITE 2000

3. Mailing Address
ONE INDEPENDENT DR
Suite, Apt. #, etc.
SUITE 2000

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32202

Country
USA

Zip
32202

Country
USA

4. FEI Number 59-2628557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOCKER, T WILLIAM
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
T William Glocker

Street Address (P.O. Box Number is Not Acceptable)
ONE INDEPENDENT DRIVE
SUITE 2000

City
JACKSONVILLE FL 32202 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 4-11-01

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. ☐

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	<input type="checkbox"/> Delete
PS	GLOCKER, T WILLIAM	ONE INDEPENDENT DRIVE, SUITE 3000	JACKSONVILLE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PS	GLOCKER, T WILLIAM	ONE INDEPENDENT DRIVE, SUITE 2000	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: T WILLIAM GLOCKER 4-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)