

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99707

1. Entity Name

HUEY, GUILDAY & TUCKER, P.A.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90451 022 \*\*\*150.00

Principal Place of Business

P O BOX 1794, 106 E COLLEGE AV.  
#900  
TALLAHASSEE FL 32301  
US

Mailing Address

P O BOX 1794, 106 E COLLEGE AV  
#900  
TALLAHASSEE FL 32301  
US

2. Principal Place of Business

1983 Centre Pointe Blvd  
Suite, Apt. #, etc.  
#200

3. Mailing Address

P O Box 12500  
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

32308  
US

Zip

Country

32317  
US

4. FEI Number

59-2635353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, J. K  
106 E COLLEGE AVE, SUITE 900  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **P** ☐ Delete  
NAME **HUEY, J. MICHAEL**  
STREET ADDRESS **1125 CARRIAGE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VP** ☐ Delete  
NAME **GUILDAY, THOMAS J.**  
STREET ADDRESS **3383 W LAKESHORE DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **ST** ☐ Delete  
NAME **TUCKER, KENDRICK J**  
STREET ADDRESS **4595 HIGHGROVE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 #

3/30/01 850-224-7091

CR2E034 (10/00)