

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27831

1. Entity Name

GENTRY AND PHILLIPS, P.A.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 030 ***550.00

Principal Place of Business

SIX EAST BAY
 SUITE 400
 JACKSONVILLE FL 32202

Mailing Address

PO BOX 837
 JACKSONVILLE FL 32201

2. Principal Place of Business

One Independent Drive

3. Mailing Address

One Independent Drive

Suite, Apt. #, etc.

Suite 1701

Suite, Apt. #, etc.

Suite 1701

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2701986

Applied For

Not Applicable

Zip

32202

Country

U.S.

Zip

32202

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DONAHOO, THOMAS M.
 50 NORTH LAURA STREET
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

William C. Gentry

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

One Independent Drive

Suite 1701

City

Jacksonville

FL

Zip Code
 32202

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 \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 GENTRY, WILLIAM C.
 STREET ADDRESS 6 E BAY ST, #400
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ Delete
 NAME PHILLIPS, MARY K.
 STREET ADDRESS 6 E BAY ST, #400
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

TITLE D
 NAME William C. Gentry
 STREET ADDRESS One Independent Drive
 CITY-ST-ZIP Suite 1701
 Jacksonville, FL 32202

TITLE D
 NAME Mary K. Phillips
 STREET ADDRESS One Independent Drive
 CITY-ST-ZIP Suite 1701
 Jacksonville, FL 32202

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

ERS AND DIRECTORS IN 11

☒ Change ☒ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 of William C. Gentry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 2, 2000 *904-356-4101*
 Date Daytime Phone #

CR2E034 (5/00)