

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**  
 05-06-2000 90283 001 \*\*\*300.00

**DOCUMENT # J79177**

1. Entity Name  
**AUSTIN, TANNER, GARRETT CORPORATION**

Principal Place of Business      Mailing Address  
 2024 B NORTH POINT BLVD.      2024 B NORTH POINT BLVD.  
 TALLAHASSEE FL 32308      TALLAHASSEE FL 32308-4115

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2823663**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COOPER, JOHN C.**  
**511 NORTH ADAMS**  
**TALLAHASSEE FL 32302**

*Same agent with address change →*

7. Name and Address of New Registered Agent  
 Name **Same**  
 Street Address (P.O. Box Number is Not Acceptable) **Cooper, Coppins & Monroe, P.A.**  
**1319 Thomaswoods Drive**  
 City **Tallahassee**      FL      Zip Code **32312**

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 \_\_\_\_\_ (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, 2000 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                      | PST                  | <input type="checkbox"/> Delete |
| NAME                       | DAVIDSON, GLEN A.    |                                 |
| STREET ADDRESS             | 12800 LAUREL HILL DR |                                 |
| CITY-ST-ZIP                | TALLAHASSEE FL       |                                 |
| TITLE                      |                      | <input type="checkbox"/> Delete |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY-ST-ZIP                |                      |                                 |
| TITLE                      |                      | <input type="checkbox"/> Delete |
| NAME                       |                      |                                 |
| STREET ADDRESS             |                      |                                 |
| CITY-ST-ZIP                |                      |                                 |
| 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                                                 |  | <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                                           |  |                                                                   |
| 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)(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]*      **4-14-00**      **850-422-2527**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)