

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09815

1. Entity Name

FLEMING, O'BRYAN & FLEMING, A PROFESSIONAL ASSOC

Principal Place of Business

500 E BROWARD BLVD 17 FL
FT LAUDERDALE FL 33338
US

Mailing Address

PO BOX 7028
FT LAUDERDALE FL 33338-7028
US

2. Principal Place of Business

1881 NE 26 St

Suite, Apt. #, etc.

212 E

City & State

Fort Lauderdale FL

Zip

33305

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BURTON, PATRICIA A
1881 NE 26 ST., STE. 212 E
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

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

Pam A Burton

9/6/00

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, 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 P
NAME GROENDYKE, THOMAS A.
STREET ADDRESS 500 E. BROWARD BLVD 10TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33394

TITLE S
NAME BURTON, PATRICIA A
STREET ADDRESS 1881 NE 26 ST., STE. 212 E
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE T
NAME MCINTOSH, ROBERT D
STREET ADDRESS 1418 PONCE DE LEON DR
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

Pam A Burton

9/6/00

(954) 568-3803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 042 ***550.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/99)