

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K56174

1. Entity Name

EARLE & KIEFNER, P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90047 020 ***150.00

Principal Place of Business

Mailing Address

100 2ND AVE S
NORTH TOWER - SUITE 400
ST. PETERSBURG FL 33701
US

100 2ND AVE S
NORTH TOWER - SUITE 400
ST. PETERSBURG FL 33701-4360
US

00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4020 Park Street

4020 Park Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

Suite 303

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33709

33709

4. FEI Number

59-2931250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STENNER-JONES, THERESA M
100 2ND AVENUE SOUTH, STE 400 NORTH
ST. PETERSBURG FL 33701

Name

Christopher C. Ferguson

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

One Beach Drive Southeast

Suite 205

City

St. Petersburg

FL

Zip Code
33701

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

2-16-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KIEFNER, JOHN R JR
STREET ADDRESS 100 2ND AVE SOUTH, 400N
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☒ Delete

TITLE D,P
NAME FERGUSON, CHRISTOPHER C.
STREET ADDRESS ONE BEACH DRIVE S.E.- STE. 205
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ Change ☒ Addition

TITLE V
NAME ROWE, JAMES C
STREET ADDRESS 100 2ND AVE SOUTH, 400N
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE D,S,T
NAME ROWE, JAMES C.
STREET ADDRESS 100 2ND AVE SOUTH, 1201S
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☒ Change ☐ Addition

TITLE ST
NAME HUNT, CLIFFORD J
STREET ADDRESS 100 2ND AVE SOUTH, 400N
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☒ Delete

TITLE D,V
NAME IURILLO, CAMILLE J.
STREET ADDRESS 150 2ND AVE NO - 15TH FLOOR
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-824-852

CR2E034 (9/99)