

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15911

1. Entity Name

DRS. CLOWER, MOORE & MARUNIAK - JACKSONVILLE HEA

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90041 037 ***150.00

Principal Place of Business

Mailing Address

1200 RIVERPLACE BLVD.
STE 301
JACKSONVILLE FL 32207
US

1200 RIVERPLACE BLVD.
STE 301
JACKSONVILLE FL 32207-9092
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2966960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOWER, JAMES W.
1200 GULF LIFE DRIVE, STE 701
JACKSONVILLE FL 32207

Name

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

1200 RIVERPLACE BLVD., STE 301

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLOWER, JAMES W.	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM F.	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACKETT, ELLEN	
STREET ADDRESS	1200 RIVERPLACE BLVD SUITE 701	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, KYLE	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 301	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 301	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 301	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, CHARLES H.	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 301	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAM, DEBORAH C.	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 301	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

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:

James W. Clower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

308-2115
Daytime Phone #

CR2E034 (9/99)