2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State 05-18-2000 90294 049 ***150.00

DOCUMENT # L38213 1. Entity Name DRAUGHON PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 200 W FORSYTH ST 200 W. FORSYTH STREET

STE 1730 JACKSONVILLE I US	FL 32202		STE. 1730 JACKSONVILLE FL 32202-4359 US				1 18811311 BEE (HO) (BUT RIFOR HO)	IANA BABAN BUBAN B	<u> </u>	 	
2. Principal Place of Business ONE INDEPENDENT DRIVE			3. Mailing Address ONE INDEPENDENT DRIVE								
Suite, Apt. #, etc. SuiTE 2000			Suite, Apt. #, etc. £u 17 @ 2000				DO NOT WRIT	E IN THIS SF	ACE		
City & State JACKSONUILLE, FL			City & State JACKSONVILLE, FL			4. F	4. FEI Number 59-2997922 Applied For Not Applicable				
Zip 32202		Country U≤	Zip 3210 2	Country	5		Certificate of Status Desired	Ľ ř.	8.75 Add ee Required		
	6. Name	and Address of Current F	Registered Agent		la an a	7. N	lame and Address of New Ro	egistered Aç	jent		ĺ
200 V Ste.	Chard Scott H Street FL 32202	S	Street Address (P.O. Box Number is Not Acceptable) ONE (NDEPENDENT DAIVE CUITE 2000 City ACK(DAIVING FL Zip.Code 32202								
8. The above	named entity	y submits this statement for	the purpose of changing its	registered o			ent, or both, in the State of Flo		<u>, </u>		
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Age	ent signature re	equired when re	instating)	DATE			
Tax filing re	•	ible to satisfy its Intangible 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 Sta				10. Election Campaign Finance Trust Fund Contribution			0 May Be I to Fees	
11.		OFFICERS AND I	DIRECTORS	12.			DITIONS/CHANGES TO OFFI				_
1	DPST	:0:::== 000=	☐ Delete	TITLE		PVST		1	Change	Addition	00/0
NAME		ON, RICHARD SCOTT	4700	NAME	Di	CAUG HO	N, RICHARD SCOTT	ONE 20	900	:	7
STREET ADDRESS CITY-ST-ZIP		DRSYTH STREET, STE.	1/30				INDEPENDENT DRIVE SUITE 2000 KSONVILLE, FL 32202				
	V V	VILLE FL 32202	No.	_	211 0	74-801	evice, it sees		☐ Change	Addition	ģ
TITLE NAME	•	ON, RICHARD S	Delete	TITLE NAME							(
		RSYTH ST STE 1730		STREET AL	DDRESS						ĺ
CITY-ST-ZIP		VILLE FL 32202		CITY-ST-	ZIP						ĺ
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STREET ADDRESS				STREET AL	ODRESS					i	ĺ
CITY-ST-ZIP				CITY-ST-	ZIP						l
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STREET ADDRESS				STREET AL							İ
CITY-ST-ZIP				CITY-ST-	215						
TITLE			☐ Delete	TITLE NAME					Change	☐ Addition	ĺ
NAME STREET ADDRESS				STREET AS	DRESS						
CITY-ST-ZIP				CITY-ST-							
TITLE		-//	□ Delete	TITLE			·	·	Change	Addition	
NAME		// \	_ Delete	NAME							l
STREET ADDRESS		/	<i>[</i>]	STREET A	DDRESS						
CITY-ST-ZIP	`	$(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	11	CITY-ST-	ZIP					_	ĺ
13. I hereby c indicated of the corp changed,	ertify that the on this repor poration or th or on an atta	e information subtlied wit t or supplemental report is ne received by trustee emplo ichment with a sudress, w	this filing does not qualify for true and accurate and that n wered to execute this report it all or er like empowered.	the exempt ny signature as required	ion stated shall have by Chapte	in Section to the same le r 607, Florid	119.07(3)(i), Florida Statutes. I egal effect as if made under o da Statutes; and that my name	further certif ath; that I an appears in	y that the ir an officer Block 11 or	nformation or director Block 12 if	

SIGNATURE:

RICHARD SCOTT DRAUGHON

4 27 00

(904) 358-3717