

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90280 046 ***150.00

002672 AV

DOCUMENT # L63995

1. Entity Name

RANDOLPH H. FIELDS, P.A.

Principal Place of Business

**111 N ORANGE AVE
 STE 2050
 ORLANDO FL 32801
 US**

Mailing Address

**111 N ORANGE AVE
 STE 2050
 ORLANDO FL 32801
 US**

2. Principal Place of Business

450 S. Orange Ave

Suite, Apt. #, etc.

Suite 650

3. Mailing Address

Post Office Box 4923

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32802-4923

Country

USA

4. FEI Number

59-3005735

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

FIELDS, RANDOLPH H.

**111 N ORANGE AVE
 STE 2050
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

450 S. Orange Avenue

Suite 650

City

Orlando

FL

Zip Code

32801

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, 2002 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 **D** ☐ Delete
 NAME **FIELDS, RANDOLPH H.**
 STREET ADDRESS **111 N ORANGE AVE, STE 2050**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **450 S. Orange Ave., Suite 650**
 CITY-ST-ZIP **Orlando, FL 32801**

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

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

CR2E034 (9/01)

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

4/15/2002
 Date

407-420-1000
 Daytime Phone #