

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 18 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003394

1. Entity Name  
HENRY, BUCHANAN, HUDSON, SUBER & CARTER, L.C.

Principal Place of Business  
117 SOUTH GADSDEN STREET  
TALLAHASSEE FL 32301

Mailing Address  
117 SOUTH GADSDEN STREET  
TALLAHASSEE FL 32301-1525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, JOHN D JR.  
C/O HENRY, BUCHANAN, ET AL  
117 SOUTH GADSDEN STREET  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
MGRM HENRY, BUCHANAN, HUDSON, SUBER & CARTER, PA  
STREET ADDRESS 117 SOUTH GADSDEN STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
MGRM JAMES W. KAYWELL, P.A.  
STREET ADDRESS 201 WEST MARION AVE., SUITE 207  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

500003282645--0  
-05/03/00-01061-020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-25-2000 (850) 222-2920  
Date Daytime Phone #

CR2E083 (9/03)