

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90097 037 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # M55343

1. Entity Name

COLL DAVIDSON SMITH SALTER & BARKETT, PROFESSION

Principal Place of Business

Mailing Address

C/O VANCE E. SALTER
3200 MIAM CENTER. 201 S. BISCAYNE BLVD.
MIAMI FL 33131-2312
US

C/O VANCE E. SALTER
3200 MIAM CENTER. 201 S. BISCAYNE BLVD.
MIAMI FL 33131
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 59-2819139

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

SALTER, VANCE E.
201 S. BISCAYNE BLVD.
3200 MIAM CENTER
MIAMI FL 33131

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	COLL, NORMAN A.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	DAVIDSON, BARRY R.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SMITH, RICHARD C.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SALTER, VANCE E.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	BARKETT, JOHN M.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

CR2E034 (9/99)