

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90370 013 ***150.00

DOCUMENT # M63197

1. Entity Name

CATLIN SAXON TUTTLE EVANS FINK & KOLSKI, P.A.

Principal Place of Business

% H. JAMES CATLIN, JR.
1700 ALFRED I DUPONT BLDG. 169 E FLG.ST.
MIAMI FL 33131

Mailing Address

% H. JAMES CATLIN, JR.
1700 ALFRED I DUPONT BLDG. 169 E FLG.ST.
MIAMI FL 33131

957188



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 **65-0087770**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CATLIN, H. JAMES JR.
1700 ALFRED I DUPONT BLG
169 E. FLAGLER STREET
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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	CATLIN, H. JAMES JR.	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SAXON, KYLE R.	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TUTTLE, WILLIAM M. II	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EVANS, JAMES C.	
STREET ADDRESS	1700 ALFRED I DUPONT BLG	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FINK, BRIAN L.	
STREET ADDRESS	1700 ALFRED I. DUPONT BLDG	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KOLSKI, STEPHEN J JR	
STREET ADDRESS	1700ALFRED I DUPONT BLDG	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33131

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **H. JAMES CATLIN, JR.** 1/4/01 305 371-9575

CR2E034 (10/00)