

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90061 001 ***158.75

DOCUMENT # M69953

1. Entity Name
MCFARLAIN, WILEY, CASSEDY & JONES, P.A.

Principal Place of Business 215 SOUTH MONROE STREET, SUITE 600 P.O. BOX 2174 TALLAHASSEE FL 32316-2174	Mailing Address 215 SOUTH MONROE STREET, SUITE 600 P.O. BOX 2174 TALLAHASSEE FL 32316-2174
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LU054100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2872417		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WILEY, WILLIAM B 215 S MONROE ST #600 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name H. Darrell White, Jr Street Address (P.O. Box Number is Not Acceptable) 215 So Monroe St #600 City Tallahassee FL Zip Code 32316-2174	
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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 H. Darrell White, Jr. (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. ☐ **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		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	VID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLAIN, RICHARD C		NAME	Harold R. Mandenborough, Jr	
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600		STREET ADDRESS	215 So. Monroe St #600	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKAS, CHRISTOPHER		NAME	Terrell C. Madigan	
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600		STREET ADDRESS	215 So Monroe St #600	
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, WILLIAM B.		NAME		
STREET ADDRESS	215 S. MONROE ST. #600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JR H DARRELL		NAME		
STREET ADDRESS	215 SOUTH MONROE ST #600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DOUGLAS P.		NAME		
STREET ADDRESS	215 S. MONROE ST. #600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPELOS, CHARLES A.		NAME		
STREET ADDRESS	215 S. MONROE ST. #600		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		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: H. Darrell White, Jr. Date Feb 29, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)