

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69953

1. Entity Name

MCFARLAIN, WILEY, CASSEDY & JONES, P.A.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90015 042 \*\*\*150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2872417

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

WHITE, DARRELL H JR  
215 S MONROE ST #600  
TALLAHASSEE FL 32301

Name Richard N. Sox, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
215 S. Monroe St  
Suite 600  
City Tallahassee FL Zip Code 32301

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 Richard N. Sox, Jr. 2/15/01  
Signature, typed or printed name of registered agent and time 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	VD	<input type="checkbox"/> Delete
NAME	MARDENBOROUGH, HAROLD R JR	
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MADIGAN, TERRELL C	
STREET ADDRESS	215 SO MONROE ST 600	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILEY, WILLIAM B.	
STREET ADDRESS	215 S. MONROE ST. #600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, JR H DARRELL	
STREET ADDRESS	215 SOUTH MONROE ST #600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, DOUGLAS P.	
STREET ADDRESS	215 S. MONROE ST. #600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STAMPELOS, CHARLES A.	
STREET ADDRESS	215 S. MONROE ST. #600	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard N. Sox, Jr.	
STREET ADDRESS	215 S. Monroe St., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Richard N. Sox, Jr. 2/15/01 850-222-2107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)