

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90027 025 \*\*\*150.00

**DOCUMENT # M73209**

1. Entity Name

**ALLEN, BRINTON & MCCARTHY, P.A.**

Principal Place of Business

**1 INDEPENDENT DR**

**STE - 3200**

**JACKSONVILLE FL 32202-5026**

**US**

Mailing Address

**1 INDEPENDENT DR**

**STE - 3200**

**JACKSONVILLE FL 32202-5026**

**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1301 Riverplace Blvd.**

Suite, Apt. #, etc.

**1500 - Graham Allen**

City & State

**Jacksonville, FL**

Zip

**32207**

Country

**USA**

3. Mailing Address

**1301 Riverplace Blvd.**

Suite, Apt. #, etc.

**1500 - Graham Allen**

City & State

**Jacksonville, FL**

Zip

**32207**

Country

**USA**

4. FEI Number

**59-2876572**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRINTON, WILLIAM D.**

**1 INDEPENDENT DR**

**STE - 3200**

**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **William D. Brinton**

Street Address (P.O. Box Number is Not Acceptable)

**1301 Riverplace Blvd.**

**Suite 1500**

City

**Jacksonville**

FL

Zip Code

**32207**

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, 2002 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

TITLE **DP** ☐ Delete  
NAME **ALLEN, A. GRAHAM**  
STREET ADDRESS **1596 LANCASTER TERR #2A**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DVT** ☐ Delete  
NAME **BRINTON, WILLIAM D.**  
STREET ADDRESS **1835 CHALLEN AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DVS** ☒ Delete  
NAME **SIMMONS, SIDNEY S., II**  
STREET ADDRESS **4391 VENETIA BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ Delete  
NAME **MC CARTHY, EDWARD I**  
STREET ADDRESS **4671 IVANHOE RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

**Graham Allen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/02**

Date

**(904) 346-5799**

Daytime Phone #

CR2E034 (9/01)