

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001345

1. Entity Name

~~STONEBURNER BERRY GOLDMAN & SIMMONS, P.A.~~

Stoneburner Berry & Simmons, P.A.

Principal Place of Business

225 WATER STREET
SUITE 2050
JACKSONVILLE FL 32202

Mailing Address

225 WATER STREET
SUITE 2050
JACKSONVILLE FL 32202

2. Principal Place of Business

One Independent Dr.

Suite, Apt. #, etc.

Suite 2000

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Address

One Independent Dr.

Suite, Apt. #, etc.

Suite 2000

City & State

Jacksonville, FL

Zip

32202

Country

USA

6. Name and Address of Current Registered Agent

~~STONEBURNER, GRESHAM R~~

225 WATER STREET

SUITE 2050

JACKSONVILLE FL 32202

Name

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

One Independent Dr., Suite 2000

City

Jacksonville

FL

Zip Code

32202

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 *John Stambler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/11/01
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

TITLE **D** ☐ Delete

NAME **BERRY, JAMES I. VANCE JR**
STREET ADDRESS **225 WATER STREET SUITE 2050**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ Delete

NAME **GOLDMAN, NATHAN D**
STREET ADDRESS **225 WATER STREET SUITE 2050**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete

NAME **STONEBURNER, GRESHAM R**
STREET ADDRESS **225 WATER STREET SUITE 2050**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **Sidney S. Simmons II** ☐ Delete

NAME **Sidney S. Simmons II**
STREET ADDRESS **One Independent Dr.**
CITY-ST-ZIP **Jacksonville, FL 32202**

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 **D, P** ☒ Change ☐ Addition

NAME
STREET ADDRESS **One Independent Dr., Suite 2000**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, T** ☒ Change ☐ Addition

NAME
STREET ADDRESS **One Independent Dr., Suite 2000**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **D, S** ☐ Change ☒ Addition

NAME **Sidney S. Simmons II**
STREET ADDRESS **One Independent Dr., Suite 2000**
CITY-ST-ZIP **Jacksonville, FL 32202**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01
Date

(904) 354-8888
Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90108 018 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)