

2001 UNIFORM BUSINESS REPORT (UB-2)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90011 006 ***150.00

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DOCUMENT # P00000117393

1. Entity Name

CORNERSTONE CAPITAL ADVISORS, INC.

Principal Place of Business

**3649 CROWN POINT COURT
JACKSONVILLE FL 32257**

Mailing Address

**3649 CROWN POINT COURT
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**L. MICHAEL MADDOX, ESQUIRE
2119 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLEMENTS, CHARLES V**
CITY-ST-ZIP **3649 CROWN POINT COURT
JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, JIMMY M**
CITY-ST-ZIP **3649 CROWN POINT COURT
JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HENTSCH, GEORGE R**
CITY-ST-ZIP **3649 CROWN POINT COURT
JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

Charles V. Clements *Charles V. Clements*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

904-262-2684

Daytime Phone #

CR2E034 (10/00)