

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90162 045 ***150.00

DOCUMENT # P01000112894

1. Entity Name
ONE BOCA PLACE, INC.



Principal Place of Business
**1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE FL 32308**

Mailing Address
**1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE FL 32308**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3849973**

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

TODD, DAVID E
1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE FL 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEAN, THOMAS A	
STREET ADDRESS	3424 PEACHTREE ROAD, NE, STE. 800	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRIVERS, LISA K	
STREET ADDRESS	3424 PEACHTREE ROAD, NE, STE. 800	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARRIOR, DEXTER B	
STREET ADDRESS	3424 PEACHTREE ROAD, NE, STE. 800	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas A. McKean** 01/29/03 404-848-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)