

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000015173**

1. Entity Name

**A. HAMILTON COOKE, P.A.****FILED****Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90031 020 \*\*\*150.00

Principal Place of Business

Mailing Address

**1301 RIVERPLACE BOULEVARD  
SUITE 2254  
JACKSONVILLE FL 32207  
US****1301 RIVERPLACE BOULEVARD  
SUITE 2254  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3156549**

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

Name

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

City

**FL**

Zip Code

**COOKE, A. HAMILTON  
STE 2254, RIVERPLACE TOWER  
1301 RIVERPLACE BLVD  
JACKSONVILLE FL 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, 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
COOKE, A. HAMILTON  
3519 OAK STREET  
JACKSONVILLE FL 32205**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**A. HAMILTON COOKE, PRES.****1-2-01****904-396-5101**

CR2E034 (10/00)

Attachment  
D# P92000015173  
A0000481

Law Offices of  
A. HAMILTON COOKE, P.A.  
SUITE 2254, RIVERPLACE TOWER  
1301 RIVERPLACE BOULEVARD  
JACKSONVILLE, FLORIDA 32207-9036

A. HAMILTON COOKE  
BOARD CERTIFIED WILLS,  
TRUSTS, AND ESTATES LAWYER

JOSEPH CLAY MEUX, JR.

TELEPHONE  
(904) 396-5101

FACSIMILE  
(904) 399-1030

January 3, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: A. Hamilton Cooke, P.A.; Annual 2001 Report

Gentlemen:

Enclosed is the 2001 Uniform Business Report for the referenced corporation. Also enclosed is our check in the amount of \$150.00 representing the filing fee.

Sincerely yours,

  
A. Hamilton Cooke

/mj

Enclosures

(corporate:AHC-DOS-2001AnnualReport)