

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000042016**1. Entity Name
CLARKE SILVERGLATE & CAMPBELL, P.A.**Principal Place of Business**100 N BISCAYNE BLVD
SUITE 2401
MIAMI
33132

FL

Mailing Address100 N BISCAYNE BLVD
SUITE 2401
MIAMI
33132

FL

2. Principal Place of Business

799 BRICKELL PLAZA

3. Mailing Address

799 BRICKELL PLAZA

Suite, Apt. #, etc.
SUITE 900Suite, Apt. #, etc.
SUITE 900City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number**65-0416466**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCLARKE MERCER K
100 N BISCAYNE BLVD
SUITE 2401
MIAMI
33132

FL

US

7. Name and Address of New Registered Agent**Name**

CLARKE MERCER K

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

SUITE 900

City
MIAMI

FL

Zip Code
33131

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 **MERCER K. CLARKE****05/01/2001**

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 VP ☐ Delete
NAME SILVERGLATE SPENCER H
STREET ADDRESS 100 N. BISCAYNE BOULEVARD, SUITE 2401
CITY-ST-ZIP MIAMI FL 33132TITLE S ☐ Delete
NAME RUSSELL CINDY
STREET ADDRESS 100 N BISCAYNE BLVD., SUITE 2401
CITY-ST-ZIP MIAMI FLTITLE PTD ☐ Delete
NAME CLARKE MERCER K
STREET ADDRESS 100 N BISCAYNE BLVD SUITE 2401
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VP ☒ Change ☐ Addition
NAME SILVERGLATE SPENCER H
STREET ADDRESS 799 BRICKELL PLAZA, SUITE 900
CITY-ST-ZIP MIAMI FL 33131TITLE S ☒ Change ☐ Addition
NAME LUTHER KELLY A
STREET ADDRESS 799 BRICKELL PLAZA, SUITE 900
CITY-ST-ZIP MIAMI FL 33131TITLE PTD ☒ Change ☐ Addition
NAME CLARKE MERCER K
STREET ADDRESS 799 BRICKELL PLAZA, SUITE 900
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: MERCER K. CLARKE

PTD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)