

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90170 031 ***150.00

DOCUMENT # P93000087473

1. Entity Name

PRITCHARD, HUBBLE & HERR, INC.

Principal Place of Business

150 2ND AVE. NORTH
 SUITE 800
 ST. PETERSBURG FL 33701

Mailing Address

150 2ND AVE. NORTH
 SUITE 800
 ST. PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3220318**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

150 2ND AVE., N.
 STE. 800
 ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **Clayton Caldwell**
 Street Address (P.O. Box Number is Not Acceptable) **150 2nd Ave. No.**
Suite 800
 City **St. Petersburg** FL **33701**

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 **4/27/01**

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 **CD** ☒ Delete
 NAME **HERR, KENT R**
 STREET ADDRESS **150 2ND AVE. NORTH, SUITE 800**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **PD** ☐ Delete
 NAME **HUBBLE, WILLIAM F**
 STREET ADDRESS **12020 DONNER PASS RD, STE 202**
 CITY-ST-ZIP **TRUCKEE CA 96161**

TITLE **D** ☐ Delete
 NAME **DESANTIS, ANTHONY**
 STREET ADDRESS **12020 DONNER PASS RD STE 202**
 CITY-ST-ZIP **TRUCKEE CA 96161**

TITLE **D** ☐ Delete
 NAME **DOLAN, J K**
 STREET ADDRESS **150 2ND AVE N STE 800**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/01** DAYTIME PHONE # **727-898-1500**

CR2E034 (10/00)