

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90673 008 ***150.00

0020728 AV

DOCUMENT # P94000054814

1. Entity Name
HEDRICK DEWBERRY REGAN & DURANT P.A.

Principal Place of Business
50 NORTH LAURA STREET
SUITE 2225
JACKSONVILLE FL 32202
US

Mailing Address
50 NORTH LAURA STREET
SUITE 2225
JACKSONVILLE FL 32202
US



2. Principal Place of Business
 Suite, Apt. #, etc.
Suite 1600

3. Mailing Address
 Suite, Apt. #, etc.
Suite 1600

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3258137** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
HEDRICK, ALEXANDRA K
50 NORTH LAURA STREET
SUITE 2225
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 1600
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEDRICK, ALEXANDRA K			NAME			
STREET ADDRESS	50 N LAURA ST STE 2225			STREET ADDRESS	Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	VDST	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEWBERRY, MICHAEL J			NAME			
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 2225			STREET ADDRESS	Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REGAN, JEFFREY C			NAME			
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 2225			STREET ADDRESS	Suite 1600		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURANT, STEPHEN H			NAME			
STREET ADDRESS	50 N LAURA ST, STE 2225			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Alexandra K Hedrick* **Alexandra K. Hedrick** **3/8/02** **904-356-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)