

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075569

1. Entity Name

DRENNON & ASSOCIATES, P.A.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90002 025 ***150.00

Principal Place of Business

8256 HOLLY RIDGE ROAD
JACKSONVILLE FL 32256

Mailing Address

8256 HOLLY RIDGE ROAD
JACKSONVILLE FL 32256-7203
US

2. Principal Place of Business

One Independent Drive
Suite, Apt. #, etc.
Suite 3000

3. Mailing Address:

Post Office Box 59
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32202

Country

Duval

Zip

32201

Country

Duval

4. FEI Number

59-3272610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRENNON, WILLIAM W
8256 HOLLY RIDGE ROAD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Robert O. Mickler

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

Suite 3000

One Independent Drive

City

Jacksonville

FL

Zip Code

32202

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **D** ☒ Delete
NAME **DRENNON, WILLIAM W**
STREET ADDRESS **8256 HOLLY RIDGE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S** ☒ Change ☐ Addition
NAME **Robert O. Mickler**
STREET ADDRESS **Suite 3000, One Independent Drive**
CITY-ST-ZIP **Jacksonville, Florida 32202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2000

Date

(904) 354-2050

Daytime Phone #

CR2E034 (9/99)