

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000753

1. Entity Name  
JOHN W. LITTLE, III, P.A.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 11 AM 11:04

Principal Place of Business  
1900 PHILLIPS POINT WEST  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

Mailing Address  
1900 PHILLIPS POINT WEST  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0546531

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, JOHN W III  
1900 PHILLIPS POINT WEST  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 NAME D  
LITTLE, JOHN W III  
STREET ADDRESS 777 SOUTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401-6198 ☐ Delete

TITLE NAME P  
LITTLE III JOHN W  
STREET ADDRESS 777 SOUTH FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH FL 98 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME 000004603250-4  
STREET ADDRESS -09/20/01--01089--016  
CITY-ST-ZIP \*\*\*\*\$50.00 \*\*\*\*\$50.00 ☐ Change ☐ Addition

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

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

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

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

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

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

9/6/01 561-650-7270  
Date Daytime Phone #

0071290 AV

CR2E034 (5/01)