

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000097329****1. Entity Name****BRIAN V. MCAVOY, P.A.****Principal Place of Business**800 LAUREL OAK DRIVE
SUITE 400
NAPLES
34108738

FL

US

Mailing Address800 LAUREL OAK DRIVE
SUITE 400
NAPLES
34108738

FL

US

2. Principal Place of Business

5551 RIDGEWOOD DRIVE

Suite, Apt. #, etc.

SUITE 405

City & State

NAPLES

FL

Zip
34108738Country
US**3. Mailing Address**

5551 RIDGEWOOD DRIVE

Suite, Apt. #, etc.

SUITE 405

City & State

NAPLES

FL

Zip
34108738Country
US**4. FEI Number****65-0633101****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 AgentMCAVOY BRIAN V.
800 LAUREL OAK DRIVE
SUITE 400
NAPLES
34108

FL

US

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

MCAVOY BRIAN V.

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

5551 RIDGEWOOD DRIVE

Suite 405City
NAPLES

FL

Zip Code
34108**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)

05/01/2000

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MCAVOY BRIAN V

800 LAUREL OAK DRIVE STE 400

NAPLES

FL

☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MCAVOY BRIAN V

5551 RIDGEWOOD DRIVE, SUITE 405

NAPLES

FL

34108

☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**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:** Brian V. McAvoy

D 05/01/2000