

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90118 020 \*\*\*550.00

0002308 AV

**DOCUMENT # P96000006611**

1. Entity Name  
**WILLMAN & COMPANY**

Principal Place of Business  
**1809 ART MUSEUM DRIVE**  
**SUITE 103**  
**JACKSONVILLE FL 32207**

Mailing Address  
**1809 ART MUSEUM DRIVE**  
**SUITE 103**  
**JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3365775</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WILLMAN, EVIN J</b> <b>1809 ART MUSEUM DRIVE</b> <b>SUITE 103</b> <b>JACKSONVILLE FL 32207</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 \_\_\_\_\_ (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 \$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	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>Chief Operating Officer</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>WILLMAN, EVIN J</b>			NAME	<b>John Ghegan</b>		
STREET ADDRESS	<b>1809 ART MUSEUM DRIVE, SUITE 103</b>			STREET ADDRESS	<b>1809 Art Museum Drive, Suite 103</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>			CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>		
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SILBAR, KIM</b>			NAME			
STREET ADDRESS	<b>1809 ART MUSEUM DR STE 103</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRUNET, JORGE</b>			NAME			
STREET ADDRESS	<b>1809 ART MUSEUM DR STE 103</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRUNET, DIANE</b>			NAME			
STREET ADDRESS	<b>1809 ART MUSEUM DR STE 103</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZEIVIS, MARY L</b>			NAME			
STREET ADDRESS	<b>1809 ART MUSEUM DR STE 103</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>			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: SIGNATURE REQUIRED 7/11/01 904-396-9344 x103  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)