

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000033483**

1. Entity Name

Law Offices of William Kemper Jennings, P.A.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

00 OCT 27 PM 4:11

Principal Place of Business

Mailing Address

14 E. Live Oak Ave.  
DeFuniak Springs, FL 32433

P.O. Box 1256  
DeFuniak Springs, FL 32435

2. Principal Place of Business

3. Mailing Address

14 E. Live Oak Ave.  
Suite, Apt. #, etc.

P.O. Box 1256  
Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL 32433

City & State

DeFuniak Spgs, FL 32435

Zip

Country

Zip

Country

4. FEI Number

59-3438748

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

William Kemper Jennings

Wm. Jennings

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

14E Live Oak

P.O. Box 1256

DeFuniak Spr.

FL 32433

City

FL

Zip Code

DeFuniak Springs,

32435

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

10/10/00

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 13, 2000 Min. 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owner
STREET ADDRESS	William Kemper Jennings
CITY-ST-ZIP	14 E. Live Oak Ave.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeFuniak Springs, FL 32433
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003467776--9
STREET ADDRESS	-11/16/00--01051--020
CITY-ST-ZIP	***1058.75 ***1058.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/00 (850) 892-1300

CR2E034 (5/00)