

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000058296**

1. Entity Name  
 MILAM OTERO LARSEN DAWSON & TRAYLOR, P.A.

Principal Place of Business 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE 32202	FL	Mailing Address 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE 32202	FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3387934**

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 Agent**

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

MOTOLAW, INC.  
 50 NORTH LAURA STREET  
 SUITE 2750  
 JACKSONVILLE  
 32202

FL

US

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)

**02/04/2001**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VDS	<input type="checkbox"/> Delete
NAME	DAWSON GREGORY M	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LARSEN PETER O	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OTERO DAVID E	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MILAM ARTHUR M	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:** Peter O. Larsen  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 02/04/2001

Date

Daytime Phone #

CR2E034 (11/00)