

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101171

1. Entity Name

JACK G. HAND, JR., P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90157 028 \*\*\*155.00

Principal Place of Business

Mailing Address

200 W. FORSYTH STREET  
SUITE 1000  
JACKSONVILLE FL 32202

200 W. FORSYTH STREET  
SUITE 1000  
JACKSONVILLE FL 32202-4325

2. Principal Place of Business

200 W. FORSYTH ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1517

City & State

City & State

JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

32202

USA

4. FEI Number

59-3425489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, JACK G JR  
200 WEST FORSYTH STREET  
SUITE 1000  
JACKSONVILLE FL 32202

Name

SAME

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

200 W. FORSYTH ST.

SUITE 1517

City

JACKSONVILLE

FL

Zip Code

32202

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

3/31/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HAND, JACK G JR  
CITY-ST-ZIP 200 W FORSYTH ST. SUITE 1000  
JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition  
NAME President & Director  
STREET ADDRESS JACK G. HAND JR.  
CITY-ST-ZIP 200 W. FORSYTH ST., SUITE 1517  
JACKSONVILLE, FL 32202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JACK G. HAND JR.

Date

3/31/2000 (904) 356-1533

Daytime Phone #

CR2E034 (9/99)