

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104024

1. Entity Name

AWERBACH, MURPHY & COHN, P.A.

Principal Place of Business

Mailing Address

2600 MCCORMICK DR
PRESTIGE PL. I, STE 235
CLEARWATER FL 33759-1031
US

2600 MCCORMICK DR
PRESTIGE PL. I, STE 235
CLEARWATER FL 33759-1031
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3416360

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

MURPHY, JEANNE F
PRESTIGE PLACE I, STE 235
2600 MCCORMICK DRIVE
CLEARWATER FL 33759

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

Jeanne Murphy VP

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-01

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	D	<input type="checkbox"/> Delete
NAME	AWERBACH, MARTIN S	
STREET ADDRESS	2600 MCCORMICK DR., STE 235	
CITY-ST-ZIP	CLEARWATER FL 33759-1031	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JEANNE F	
STREET ADDRESS	2600 MCCORMICK DR., STE 235	
CITY-ST-ZIP	CLEARWATER FL 33759-1031	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHN, MICHAEL A	
STREET ADDRESS	2600 MCCORMICK DR., STE 235	
CITY-ST-ZIP	CLEARWATER FL 33759-1031	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWERBACH, MARTIN S.	
STREET ADDRESS	2600 MCCORMICK DR., STE 235	
CITY-ST-ZIP	CLEARWATER, FL 33759-1031	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE F.	
STREET ADDRESS	2600 MCCORMICK DR., STE 235	
CITY-ST-ZIP	CLEARWATER, FL 33759-1031	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, MICHAEL A.	
STREET ADDRESS	2600 MCCORMICK DR., STE 235	
CITY-ST-ZIP	CLEARWATER, FL 33759-1031	
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:

Jeanne Murphy VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-01 727-725-3227

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90092 044 ***150.00

00006257



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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