

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90056 013 ***150.00

DOCUMENT # P97000008983

1. Entity Name
WILLIAM C. CUMBIE, P.A.

Principal Place of Business 4191 SAN JUAN AVENUE JACKSONVILLE FL 32210	Mailing Address 2786 RIVERSIDE AVE NUMBER ONE JACKSONVILLE FL 32205-8245 US
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2. Principal Place of Business 1100 SAWGRASS VILLAGE DR Suite, Apt. #, etc. SUITE 201-C	3. Mailing Address Suite, Apt. #, etc.
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City & State PONTE VEDRA BEACH	City & State
Zip 32082	Country ST JOHNS

4. FEI Number 59-3415513	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**CUMBIE, WILLIAM C
4191 SAN JUAN AVENUE
JACKSONVILLE FL 32210**

NEW ADDRESS:
 William C. Cumbie, ~~PA~~
 1100 Sawgrass Village Drive
 Suite 201-C
 Ponte Vedra Beach, Florida 32082-3083



ess (P.O. Box Number is Not Acceptable)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CUMBIE, WILLIAM C 4191 SAN JUAN AVENUE JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NEW ADDRESS: William C. Cumbie, P.A. 1100 Sawgrass Village Drive Suite 201-C Ponte Vedra Beach, Florida 32082-3083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000 904/280-8861
 Date Daytime Phone #

CR2E034 (9/99)