

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030034

1. Entity Name

BLANE, STEVENS & KELLOG, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90057 019 ***158.75

Principal Place of Business

Mailing Address

13456 TROON TRACE LN.
SUITE 100
JACKSONVILLE FL 32225

13456 TROON TRACE LN.
SUITE 100
JACKSONVILLE FL 32225-4917

2. Principal Place of Business

3. Mailing Address

333 North First St. Ste 210
Suite, Apt. #, etc.

Same as Left
Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

4. FEI Number

59-3439184

Applied For

Not Applicable

Zip

Country

Zip

Country

32250

USA

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

HIGHFILL, STEVEN B CPC
13456 TROON TRACE LN.
SUITE 100
JACKSONVILLE FL 32225

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)

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 + \$15
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
HIGHFILL, STEVEN B
13456 TROON TRACE LN., SUITE 100
JACKSONVILLE FL 32225

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HIGHFILL, STEVEN B
13456 TROON TRACE LN., SUITE 100
JACKSONVILLE FL 32225

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
VPD
HEALY, PAUL J ESQ.
13456 TROON TRACE LN., SUITE 100
JACKSONVILLE FL 32225

☐ Delete

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CITY-ST-ZIP
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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:

STEVEN B. HIGHFILL, CPC

Date

Daytime Phone #

January 30, 2000 (904) 249-1155

CR2E034 (9/99)