

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072403

1. Entity Name

PATTERSON, BOND & LATSHAW, P.A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90020 047 ***150.00

Principal Place of Business	Mailing Address
3010 S. 3RD ST. JACKSONVILLE FL 32250	3010 S. 3RD ST. JACKSONVILLE FL 32250-6033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3461024	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATTERSON, LAWRENCE R 3010 S. 3RD ST. JACKSONVILLE FL 32250		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	PATTERSON, LAWRENCE R	NAME	
STREET ADDRESS	3010 S. 3RD ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	CITY-ST-ZIP	
TITLE	VPDT	TITLE	
NAME	BOND, C. GUY	NAME	
STREET ADDRESS	3010 S. 3RD ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	CITY-ST-ZIP	
TITLE	VPSD	TITLE	
NAME	LATSHAW, JOHN H JR	NAME	
STREET ADDRESS	3010 S. 3RD ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 4/19/00 (904) 247-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)