

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000085237**1. Entity Name  
**SUDDATH ASSET MANAGEMENT OF FLORIDA, INC.****Principal Place of Business**

815 SOUTH MAIN STREET SUITE 600

JACKSONVILLE

32207

FL

**Mailing Address**

R.J. PRICE

815 S. MAIN ST. 6TH FL.

JACKSONVILLE

32207

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3472338**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PRICE R.J.  
815 S. MAIN STREET, 6TH FLOOR

JACKSONVILLE

32207

US

FL

**7. Name and Address of New Registered Agent**

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)

**04/27/2001**

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****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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
DEMONT MICHAEL  
815 S MAIN STREET  
JACKSONVILLE FL 32207 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BARNETT JAMES G  
815 S. MAIN ST, 6TH RL  
JACKSONVILLE FL 32207 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SPINNEY JIM  
815 S. MAIN ST. 6TH FL.  
JACKSONVILLE FL 32207 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
VAUGHN BARRY S  
815 S. MAIN ST. 6TH FL  
JACKSONVILLE FL 32207 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
STRICKLAND BARBARA S  
815 S. MAIN ST. 6TH FL.  
JACKSONVILLE FL 32207 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
STRICKLAND BARBARA S  
815 S. MAIN ST. 6TH FL.  
JACKSONVILLE FL 32207 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUDDATH STEPHEN M  
805 S. MAIN ST. 6TH FL.  
JACKSONVILLE FL 32207 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
SUDDATH STEPHEN M  
805 S. MAIN ST. 6TH FL.  
JACKSONVILLE FL 32207 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BELL QUINN A  
815 S. MAIN ST. 6TH FL  
JACKSONVILLE FL 32207 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/D  
BELL QUINN A  
815 S. MAIN ST. 6TH FL  
JACKSONVILLE FL 32207 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
PRICE ROBERT  
815 SOUTH MAIN STREET SUITE 600  
JACKSONVILLE FL 32207 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
PRICE ROBERT  
815 SOUTH MAIN STREET SUITE 600  
JACKSONVILLE FL 32207 ☒ Change ☐ 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: ROBERT J. PRICE**

VTD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)