

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108512

1. Entity Name

G. ALAN HOWARD, P.A.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90027 036 ***150.00

Principal Place of Business

Mailing Address

7301 BAYMEADOWS WAY
 JACKSONVILLE FL 32256
 US

7301 BAYMEADOWS WAY
 JACKSONVILLE FL 32256-6826
 US

2. Principal Place of Business

3. Mailing Address

50 N. LAURA ST.

50 N. LAURA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2750

SUITE 2750

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32202

USA

32202

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3486480

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

HOWARD, G. ALAN
~~7301 BAYMEADOWS WAY~~
~~9400 BARNETT CENTER~~
 JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

50 NORTH LAURA ST.

SUITE 2750

City

JACKSONVILLE

FL

Zip Code

32202

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

G. Alan Howard

G. ALAN HOWARD

4-24-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HOWARD, G. ALAN
 CITY-ST-ZIP ~~7301 BAYMEADOWS WAY~~
 JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 50 N. LAURA ST., SUITE 2750
 CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

G. Alan Howard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

904-598-8613