

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90121 035 ***150.00

DOCUMENT # P98000061272

1. Entity Name

CHARLES R. SUSSMAN, P.A.

Principal Place of Business

Mailing Address

SOUTHPPOINT BLVD SUITE 100
JACKSONVILLE FL 32216

4215 SOUTHPPOINT BLVD SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

5150 Belfort Rd

Suite, Apt. #, etc.

Bldg 300

City & State

Jacksonville, FL

Zip

32256

Country

3. Mailing Address

5150 Belfort Rd

Suite, Apt. #, etc.

Bldg 300

City & State

Jacksonville, FL

Zip

32256

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3525118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSSMAN, CHARLES R
4215 SOUTHPPOINT BLVD SUITE 140
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

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

5150 Belfort Rd. Bldg 300

City

Jacksonville

FL

Zip Code

32256

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
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 **DPST** ☐ Delete
 NAME **SUSSMAN, CHARLES R**
 STREET ADDRESS **4215 SOUTHPPOINT BLVD SUITE 140**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5150 Belfort Rd, Bldg 300**
 CITY-ST-ZIP **Jacksonville, FL 32256**

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

TITLE ☐ Change ☐ Addition
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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. **Charles R. Sussman**

SIGNATURE: **Charles R. Sussman, P.A.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

(904) 296-2670
 Daytime Phone #

CR2E034 (9/99)