

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000002465

FILED
Jan 23, 2003
Secretary of State

Entity Name: CLARIE, GRAVES, REISCHMANN, P.A.

Current Principal Place of Business:

1101 PASADENA AVENUE SOUTH #1
SOUTH PASADENA, FL 33707

New Principal Place of Business:

Current Mailing Address:

1101 PASADENA AVENUE SOUTH #1
SOUTH PASADENA, FL 33707

New Mailing Address:

FEI Number: 59-3552041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISCHMANN, CHARLES F
1101 PASADENA AVENUE
SUITE 1
SOUTH PASADENA, FL 33707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARIE, D'ARCY
Address: 1101 PASADENA AVENUE SOUTH #1
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D () Delete
Name: REISCHMANN, WILLIAM E SR.
Address: 1101 PASADENA AVENUE SOUTH #1
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D () Delete
Name: REISCHMANN, CHARLES F
Address: 1101 PASADENA AVENUE SOUTH #1
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D () Delete
Name: THOMAS, GRAVES
Address: 1101 PASADENA AVENUE SOUTH, #1
City-St-Zip: SOUTH PASADENA, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLARIE, D'ARCY R
Address: 1101 PASADENA AVENUE SOUTH #1
City-St-Zip: SOUTH PASADENA, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRAVES, THOMAS D
Address: 1101 PASADENA AVENUE SOUTH, #1
City-St-Zip: SOUTH PASADENA, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F. REISCHMANN

D

01/23/2003

Electronic Signature of Signing Officer or Director

_____ Date