

2000 UNIFORM BUSINESS REPORT (UBR)

0051350

DOCUMENT # P99000049647

APPROVED
AND
FILED

00 JUN -8 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
WILLIAM A. FRIEDLANDER & ASSOCIATES, P.A.

Principal Place of Business: 216 W. COLLEGE AVE. #201 TALLAHASSEE FL 32301
Mailing Address: 216 W. COLLEGE AVE. #201 TALLAHASSEE FL 32301-7739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **222 West Georgia St.**
Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 1050**
Suite, Apt. #, etc.

City & State: **Tallahassee, FL**
Zip: **32301** Country

City & State: **Tallahassee, FL**
Zip: **32302** Country

4. FEI Number 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

FRIEDLANDER, WILLIAM A P.A.
216 W. COLLEGE AVE. #201
TALLAHASSEE FL 32301

Name: **A. Eugene Lewis**
Street Address (P.O. Box Number is Not Acceptable): **222 West Georgia St.**
City: **Tallahassee** FL Zip Code: **32301**

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: *A Eugene Lewis* DATE: **6/8/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, WILLIAM A	
STREET ADDRESS	216 W. COLLEGE AVE. #201	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	Asst. Secretary	<input type="checkbox"/> Delete
NAME	A. Eugene Lewis	
STREET ADDRESS	222 West Georgia Street	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 West Georgia St.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	300003251919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	-05/15/00--01024--019	
STREET ADDRESS	****658.75 ****150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *A Eugene Lewis* DATE: **4/30/00** DAYTIME PHONE #: **850-425-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)