

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 Mailing Address
216 W. COLLEGE AVE. #201 216 W. COLLEGE AVE. #201
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-7739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
222 West Georgia St. **P.O. Box 1050**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Tallahassee, FL **Tallahassee, FL** Not Applicable

Zip Country Zip Country 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) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLANDER, WILLIAM A 216 W. COLLEGE AVE. #201 TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 222 West Georgia St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary A. Eugene Lewis 222 West Georgia Street Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300003251919 -05/15/00--01024--019 ****658.75 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>

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 Date Daytime Phone #

CR2E034 (9/99)