

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049647

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FRIEDLANDER, WILLIAM A
STREET ADDRESS 216 W. COLLEGE AVE. #201
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ Change ☐ Addition
NAME 222 West Georgia St.
STREET ADDRESS
CITY-ST-ZIP

TITLE Asst. Secretary ☐ Delete
NAME A. Eugene Lewis
STREET ADDRESS 222 West Georgia Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☒ Change ☒ Addition
NAME 300003251919-019
STREET ADDRESS -05/15/00--01024--019
CITY-ST-ZIP *****658.75 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

APPROVED
AND
FILED

00 JUN -8 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0051350

CR2E034 (9/99)