

2000 UNIFORM BUSINESS REPORT (UBR)

0051350

DOCUMENT # P99000049647

1. Entity Name

WILLIAM A. FRIEDLANDER & ASSOCIATES, P.A.

APPROVED
AND
FILED

00 JUN -8 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

216 W. COLLEGE AVE. #201
TALLAHASSEE FL 32301

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

2. Principal Place of Business

3. Mailing Address

222 West Georgia St.
Suite, Apt. #, etc.

P.O. Box 1050
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

Applied For
 Not Applicable

Zip 32301

Country

Zip 32302

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

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. (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		
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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		
STREET ADDRESS	222 West Georgia St.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input checked="" 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00
Date

850-425-5000
Daytime Phone #

CR2E034 (9/95)