

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90081 033 ***150.00

DOCUMENT # P99000085260

1. Entity Name

WILLIAM M. KARR & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~13955 SOUTHWEST 192ND STREET~~
~~MIAMI FL 33143~~

~~13955 SOUTHWEST 192ND STREET~~
~~MIAMI FL 33143~~

400 Park Ave So. Suite 340
Winter Park, Fl. 32789

400 Park Ave. So. Suite 340
Winter Park, Fl. 32789

2. Principal Place of Business

3. Mailing Address

400 Park Avenue South

400 Park Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 340

Suite 340

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Country

Zip

Country

32789

USA

32789

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, ARTHUR F IV.
7550 RED ROAD
SUITE 203
SOUTH MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 | <input type="checkbox"/> Delete |
| NAME | KARR, WILLIAM M | |
| STREET ADDRESS | 400 Park Ave So. | |
| CITY-ST-ZIP | 13955 SOUTHWEST 192ND STREET Suite 340 | |
| | MIAMI FL 33143 Winter Park, Fl. 32789 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEBLANC, DARYL | |
| STREET ADDRESS | 400 Park Ave So. | |
| CITY-ST-ZIP | 13955 SOUTHWEST 192ND STREET Suite 340 | |
| | MIAMI FL 33143 Winter Park, Fl. 32789 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KARR, MARILYN | |
| STREET ADDRESS | 400 Park Ave So. | |
| CITY-ST-ZIP | 13955 SOUTHWEST 192ND STREET Suite 340 | |
| | MIAMI FL 33143 Winter Park, Fl. 32789 | |
| 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 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 | | |
| 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 | | |
| 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl LeBlanc

4/10/00

Date

(407) 629-6414

Daytime Phone #

CR2E034 (9/99)