

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087239

1. Entity Name

TECHNOLOGY LAW MANAGEMENT-PROFESSIONAL ASSOCIATI

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90294 048 ***150.00

Principal Place of Business

Mailing Address

ONE INDEPENDENT DR
SUITE 2000
JACKSONVILLE FL 32202

ONE INDEPENDENT DR
SUITE 2000
JACKSONVILLE FL 32202-5093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603133

Applied For

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

DRAUGHON, RICHARD S
~~200 W FORSYTH ST~~
~~SUITE 1730~~
~~JACKSONVILLE FL 32202~~

Name

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

ONE INDEPENDENT DRIVE

SUITE 2000

City

JACKSONVILLE

FL

Zip Code
32202

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 ☐ Delete
NAME D
STREET ADDRESS DRAUGHON, RICHARD S
CITY-ST-ZIP ONE INDEPENDENT DR SUITE 2000
JACKSONVILLE FL 32202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

RICHARD SCOTT DRAUGHON

4/27/00

(904) 358-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)