

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/23/

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90246 010 \*\*\*150.00

DOCUMENT # P99000101677

1. Entity Name

MEDICAL LITIGATION FUNDING, INC.

Principal Place of Business

Mailing Address

703 COURT ST.  
 CLEARWATER FL 33756-5507

703 COURT ST.  
 CLEARWATER FL 33756-5507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

Name

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

City

FL

Zip Code

JENNINGS, THOMAS C III  
 703 COURT ST.  
 CLEARWATER FL 33756-5507

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: President  
 NAME: Jan T. Gowan  
 STREET ADDRESS: 6500 Central Avenue  
 CITY-STATE-ZIP: St Petersburg FL 33707

☐ Delete

☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
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 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

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:

*Jan T. Gowan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2000

Date

Daytime Phone #

727  
 344-6555

CR2E034 (9/99)