

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
03-15-2000 90095 045 \*\*\*150.00

**DOCUMENT # V28263**

1. Entity Name

**AKERMAN, SENTERFITT & EIDSON, P.A.**

Principal Place of Business

**255 S ORANGE AVE  
17TH FLOOR  
ORLANDO FL 32801**

Mailing Address

**255 S ORANGE AVE  
17TH FLOOR  
ORLANDO FL 32801-3445**

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

**59-3117860**

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

**NADEAU, ROBERT B.  
C/O AKERMAN, SENTERFIT  
255 SOUTH ORAND AVENUE, SUITE 1700  
ORLANDO FL 32801**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TV	BROWN, NINA K	6342 SW 109TH ST	MIAMI FL	<input checked="" type="checkbox"/>	V	PETER O. LARSEN	500 LEMASTER DRIVE	JACKSONVILLE, FL 32082	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	AWNER, JONATHAN L.	6120 MOSS RANCH ROAD	MIAMI FL 33156	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	GOLDBERG, MICHAEL I.	20131 NE 21ST AVENUE	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	CULPEPPER, P. BRUCE	1117 CARRIAGE ROAD	TALLAHASSEE FL 32312	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HURT, RICHARD T.	401 SPRING VALLEY LANE	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SVD	MELLEN, III R	9003 CLASSIC CT	ORLANDO FL	<input type="checkbox"/>	V				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

*Robert L. Mellen, III, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT L. MELLEN, III, VP**

Date

Daytime Phone #

**2-23-00 (407) 843-7860**

CR2E034 (9/99)