

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601723

Entity Name: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.**Current Principal Place of Business:**215 NORTH EOLA DR.
ORLANDO, FL 32801-2028**Current Mailing Address:**POST OFFICE BOX 2809
ORLANDO, FL 32802 US**FEI Number: 59-1276118****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, JOAQUIN E
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US*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:** JOAQUIN E. MARTINEZ

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DVP
Name DYMOND, WILLIAM TJR
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name KANTOR, HAL H
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name BECKETT, WILLIAM A
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name BOZZUTO, JACQUELINE
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name BURKET, DALE A
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name CAVANAUGH, CASEY M
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name DOBREV, ALEXANDER B
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name FILDES, RICHARD J
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAQUIN E. MARTINEZ

PRESIDENT/CEO

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DVP
Name FREY, JULIA L
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name GIBBS, JON M
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name HEEKIN, JAMES F JR
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name KATTELMANN, JAMES G
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name LOPEZ, PETER L
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Title DVP
Name MCINTOSH, DANIEL F
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Title DVP
Name MIEDONA, TIMOTHY R
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Title DVP
Name RADER, SHAWN G
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Title DVP
Name RIMES, JASON S
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Title DVP
Name STANLEY, NORMA
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Title DVP
Name WALSON, JAMES E

Title DVP
Name GEBaide, RACHEL D
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Title DVP
Name GIBBONS, MICHAEL R
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Title DVP
Name KALEITA, GARY M
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Title DVP
Name LANE, JOSEPH A
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Title DIRECTOR/PRESIDENT & CHIEF
EXECUTIVE OFFICER
Name MARTINEZ, JOAQUIN E
Address POST OFFICE BOX 2809
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Title DVPS
Name MCNEILL, HAROLD H
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Title DVP
Name O'KANE, MATTHEW R
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Title DVP
Name RHODEN, REBECCA
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Title DVP
Name RUFFIER, JOHN
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Title DVP
Name TOSCANO, JAMES S
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Title DVP
Name WILSON, AMANDA F
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Title DVP
Name WILSON, MARY R
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Title DVP
Name LYNCH, BRENDAN S
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Title DVP
Name HUELS, JONATHAN P
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Title DVP
Name CLEMENT, EDWARD G
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Title DVP
Name O'BRIEN, JAMES M
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Title DVP
Name TEDROW, TARA L
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Title DVP
Name SCORDATO, RYAN P
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Title DVP
Name LEWIS, ADAM R
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Title DVP
Name EDEBACK, HANNA
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Title DVP
Name YOUNG, TERRY C
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Title DVP
Name GLUCK, ANDREW M
Address POST OFFICE BOX 2809
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Title DVP
Name LYNCH, MELODY
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Title DVP
Name EDWARDS, RONALD D
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Title DVP
Name THOMAS, C. STEPHEN
Address 1901 S. HARBOR CITY BOULEVARD
SUITE 720
City-State-Zip: MELBOURNE FL 32901

Title DVP
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Title DVP
Name CIAGLIA, DERREN
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Title DVP
Name SMITH, BRIAN
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