## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602454

Entity Name: BRYANT MILLER OLIVE P.A.

**Current Principal Place of Business:** 

101 NORTH MONROE STREET SUITE 900

TALLAHASSEE, FL 32301

**Current Mailing Address:** 

101 NORTH MONROE STREET SUITE 900 TALLAHASSEE, FL 32301

17(22) (17(0022, 12 0200)

FEI Number: 59-1315801 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REID, ROBERT C 101 NORTH MONROE STREET SUITE 900 TALLAHASSEE, FL 32301 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Feb 20, 2014

**Secretary of State** 

CC7602953506

Officer/Director Detail:

Title P/D Title VP/D

Name DUNLAP, GRACE E Name ROTH, CARI L

Address 201 NORTH FRANKLIN ST., SUITE Address 101 NORTH MONROE STREET

2700 SUITE 900

City-State-Zip: TAMPA FL 33602 City-State-Zip: TALLAHASSEE FL 32301

Title VP/D Title VP/D

Name SPRINGER, FREDERICK J Name CLEMENT, RANDY C

Address 101 NORTH MONROE STREET Address 135 W. CENTRAL BLVD SUITE 900 SUITE 700

TALLAHASSEE FL 32301 City-State-Zip: ORLANDO FL 32801

Title VP/D Title CFO

Name CROSLAND, JAMES C Name MARCINKO, LEONARD T

Address 1 S.E. 3RD AVENUE, SUITE 2200 Address 430 MARGATE

City-State-Zip: MIAMI FL 33131 City-State-Zip: ATLANTA GA 30328

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.