

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90048 026 ***150.00

DOCUMENT # P97000075334

1. Entity Name
402 NORTH DONNELLY, INC.

Principal Place of Business
**1115 E. LIVINGSTON STREET
 ORLANDO FL 32803**

Mailing Address
**1115 E. LIVINGSTON STREET
 ORLANDO FL 32803**

00018275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3465020**

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

**STRONG III, HOPE
 200 WEST WELBOURNE AVE
 WINTER PARK FL 32790**

Name **Robert F. Vason Jr., P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
501 EAST FIFTH AVENUE
 City **MOUNT DORA** FL Zip Code **32756**

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 **Robert F. Vason Jr.** DATE **2/12/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DST LEARY, WILLIAM N 1115 E. LIVINGSTON STREET ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIELD, KEITH D 428 N DONNELLY ST SUITE 3 MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **WILLIAM N. LEARY** DATE **2/13/01** DAYTIME PHONE # **(407) 841-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)