

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 343659

1. Entity Name

WAKELY AND ASSOCIATES INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90218 041 \*\*\*150.00

Principal Place of Business

SUITE 1100  
33 NORTH GARDEN AVENUE  
CLEARWATER FL 33755-6606

Mailing Address

SUITE 1100  
33 NORTH GARDEN AVENUE  
CLEARWATER FL 33755-6613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1235891

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

ANTHONY, JOHN J  
1820 SOUTH HIGHLAND AVENUE  
CLEARWATER FL 34616

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, printed name of registered agent and, 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: VD ☒ Delete  
NAME: CRAWSHAW, MARK  
STREET ADDRESS: 4621 CALLEIGH WAY  
CITY-ST-ZIP: LITHONIA GA

TITLE: D ☐ Change ☒ Addition  
NAME: Gordon, Rick Alan  
STREET ADDRESS: 59 Wilderness Camp Rd.  
CITY-ST-ZIP: White, Georgia 30184

TITLE: ☒ V ☐ Delete  
NAME: TUCKER, MICHAEL J  
STREET ADDRESS: 1703 ALLENS CREEK DR.  
CITY-ST-ZIP: CLEARWATER FL

TITLE: T.V.D. ☐ Change ☒ Addition  
NAME: Price, Douglas M  
STREET ADDRESS: 2819 Sabal Dr  
CITY-ST-ZIP: Clearwater, FL 33759

TITLE: VSD ☐ Delete  
NAME: BISCOGLIA, RAYMOND J  
STREET ADDRESS: 218 SAND KEY ESTATES DRIVE  
CITY-ST-ZIP: CLEARWATER FL

TITLE: D ☐ Change ☒ Addition  
NAME: Morrow, Robert G.  
STREET ADDRESS: 347 Mt. Alto Rd. S.W.  
CITY-ST-ZIP: Rome, GA 30165

TITLE: PTD ☐ Delete  
NAME: ANTHONY, JOHN J  
STREET ADDRESS: 1717 PEACEFUL AVE  
CITY-ST-ZIP: BELLEAIR, FL 00000

TITLE: V ☐ Change ☒ Addition  
NAME: Samples Walter R.  
STREET ADDRESS: 307 Buttonwood Lane  
CITY-ST-ZIP: Largo, FL 33770

TITLE: VD ☒ Delete  
NAME: TRAVNICEK, GARY  
STREET ADDRESS: 302 W DRUID RD.  
CITY-ST-ZIP: CLEARWATER FL

TITLE: D ☐ Change ☒ Addition  
NAME: Yancey Jr., Delos Harley  
STREET ADDRESS: 809 Hosseleg Creek Rd.  
CITY-ST-ZIP: Rome, GA 30165

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

TITLE: D ☐ Change ☒ Addition  
NAME: Yancy III, Delos Harley  
STREET ADDRESS: 31 Huntington Rd.  
CITY-ST-ZIP: Rome, GA 30165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Anthony

Date

Daytime Phone #

4/28/00 727-584-8128

X2102

CR2E034 (9/99)