

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90582 027 \*\*\*150.00

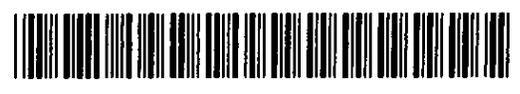
**DOCUMENT # 432009**

1. Entity Name  
**SPERRY & ASSOCIATES, INC.**

Principal Place of Business <b>4800 WOODLANE CIR.          TALLAHASSEE FL 32303</b>	Mailing Address <b>4800 WOODLANE CIR.          TALLAHASSEE FL 32303</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1481055</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SPERRY, TODD H  
 7064 ATASCADERO LANE  
 TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>SPERRY, DONALD B</b> <i>Retired</i> <input type="checkbox"/> Delete <b>4877 ANNETTE DRIVE</b> <b>TALLAHASSEE, FL 00000-32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BENTON, TONY C.</b> <input type="checkbox"/> Delete <b>48 SANDERS CEMETERY RD</b> <b>SOPCHOPPY FL 32358</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>WELLS, BARTLETT C.</b> <input type="checkbox"/> Delete <b>339 MILESTONE DR</b> <b>TALLAHASSEE FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SPERRY, TODD H.</b> <input type="checkbox"/> Delete <b>7064 ATASCADERO LANE</b> <b>TALLAHASSEE FL 32311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: \_\_\_\_\_ DATE: **2/12/01** DAYTIME PHONE #: **350-562-1107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)