

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90023 008 ***158.75

DOCUMENT # 454758

1. Entity Name

JOHN A. DACY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

260 CRANDON BLVD.
STE. 32-115
KEY BISCAYNE FL 33149-1540
US

260 CRANDON BLVD.
STE. 32-115
KEY BISCAYNE FL 33149-1536
US

2. Principal Place of Business

177 OCEAN LANE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

708

City & State
KEY BISCAYNE FL

City & State

4. FEI Number 59-1681313

Applied For
Not Applicable

Zip 33149

Country USA

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

DACY, JOHN A.
329 ALMERIA AVE.
CORAL GABLES FL 33134

Name JOHN A. DACY

Street Address 177 OCEAN LANE DR.

KEY BISCAYNE, FL.

City FLORIDA

FL 33149

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

John A. Dacy

JOHN A. DACY

JAN. 18, 2000

Signature, typed or printed name of registered agent and title (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 NAME STREET ADDRESS CITY-ST-ZIP	P DACY, JOHN A. 331 ALMERIA AVE CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN A. DACY 177 OCEAN LANE DR. APT 708 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOHN A. DACY 260 CRANDON BLVD STE 32-115 KEY BISCAYNE FL 33149-1540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

JAN. 18, 2000 305-440

Date

Daytime Phone 4555

CR2E034 1999