

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532362

1. Entity Name

DOOLEY AND MACK CONSTRUCTORS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90023 043 ***150.00

Principal Place of Business

Mailing Address

2750 STICKNEY PT. RD. STE. 201
SARASOTA FL 34231

2750 STICKNEY PT. RD. STE. 201
SARASOTA FL 34231-6024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1739228**

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

DOOLEY, WILLIAM A. (ESQUIRE)
2070 RINGLING BOULEVARD
SARASOTA FL 34237

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 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 ☐ Delete
NAME **CD**
STREET ADDRESS **DOOLEY, WILLIAM R**
CITY-ST-ZIP **5161 FLICKER FIELD CIR**
SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS **SMITH, KENNETH D.**
CITY-ST-ZIP **2221 SHADOW WOOD LANE**
SARASOTA, FL 34240

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **MACK, WENDY L.**
CITY-ST-ZIP **2036 CARMILFRA WAY**
SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME **VD**
STREET ADDRESS **MICHAEL M. DOOLEY**
CITY-ST-ZIP **1124 BREWER PLACE**
SARASOTA, FL 34236

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **GETZ, BLAIR C**
CITY-ST-ZIP **2221 SHADOWWOOD LN**
SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME **VD**
STREET ADDRESS **MICHAEL E. TANNER**
CITY-ST-ZIP **111 LEWISBURG AVE**
FRANKLIN, TN 37064

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **LAPANNE, R. KEVIN**
CITY-ST-ZIP **8166 SHADOW PINE WAY**
SARASOTA FL 34238

TITLE ☐ Change ☐ Addition
NAME **VD**
STREET ADDRESS **MICHAEL A. BRUNER**
CITY-ST-ZIP **2137 SEA PINES WAY**
CORAL SPRINGS, FL 33071

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **LAY, RONALD L**
CITY-ST-ZIP **3003 GARRIOTT LN**
SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME **VD**
STREET ADDRESS **GETS, BLAIR**
CITY-ST-ZIP **201 MILLRUN EAST**
BRANDENTON FL 34202

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **GETS, BLAIR**
CITY-ST-ZIP **201 MILLRUN EAST**
BRANDENTON FL 34202

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...

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy L. Mack C.F.O. 2/1/00 941-921-4636

Date

Daytime Phone #

4636

CR2E034 (9/99)