

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90119 025 \*\*\*150.00

**DOCUMENT # 578305**

1. Entity Name

**O'KEEFE ARCHITECTS, INC.**

Principal Place of Business

**2424 CURLEW RD  
 PALM HARBOR FL 34683  
 US**

Mailing Address

**2424 CURLEW RD  
 PALM HARBOR FL 34683-6827  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1822001**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OKEEFE, DENNIS E.  
 2424 CURLEW RD  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	FASSNACHT, JERRY	1115 ELMENDORF TR	TARPOON SPRINGS FL 34689	<input type="checkbox"/>
PD	O'KEEFE, DENNIS E.	1226 WEYBRIDGE LN	DUNEDIN FL 34698	<input type="checkbox"/>
SD	PRITTS, RICHARD	20 ST ANDREWS PLACE	OLSMAR FL 34677	<input checked="" type="checkbox"/>
D	JONES, DAN	5333 53RD ST. NORTH	ST PETERSBURG FL 33709	<input type="checkbox"/>
D	BOWERSOX, JACK	1669 CLEARWATER HARBOR DR	LARGO FL 33770	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	FASSNACHT, JERRY	1115 ELMENDORF TR	TARPOON SPRINGS FL 34689	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FD	CAFFERTY, STEVE	9685 LAKE SEMINOLE DR. EAST	LARGO, FL 33773	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	JONES, DAN	5333 53rd ST. NORTH	ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

*[Handwritten Signature]*

4-28-00

727-781-5885

CR2E034 (9/99)