

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602200**

1. Entity Name  
GURNEY & HANDLEY, P.A.

Principal Place of Business  
225 E. ROBINSON  
SUITE 450  
ORLANDO  
32801  
US

Mailing Address  
225 E. ROBINSON  
P.O. BOX 1273 SUITE 450  
ORLANDO  
32802  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
225 E. ROBINSON  
Suite, Apt. #, etc.  
P.O. BOX 1273 SUITE 450

City & State  
ORLANDO  
FL

Zip  
32801  
Country  
US

4. FEI Number  
**59-1295954**  
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

GREEN, ROBERT S.  
225 E. ROBINSON  
ORLANDO  
32801  
US

## 7. Name and Address of New Registered Agent

Name  
GREEN ROBERT S  
Street Address (P.O. Box Number is Not Acceptable)  
225 E. ROBINSON  
City  
ORLANDO  
FL  
Zip Code  
32801

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 **ROBERT S. GREEN**

**05/18/2001**

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, 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	D HARROP RONALD L 225 E ROBINSON ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDLEY LEON H 225 E ROBINSON ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, W. MARVIN 225 E. ROBINSON ORLANDO, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE FRANCIS E 225 E. ROBINSON ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN ROBERT S 225 E ROBINSON ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNEGAN RICHARD E 225 E. ROBINSON ORLANDO FL 32801	<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
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 checked="" 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: ROBERT S. GREEN**

**SD**

**05/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)