

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 650260

1. Entity Name

WILLIAM A. DONOVAN, P.A.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90105 030 ***150.00

Principal Place of Business

2664 AIRPORT RD. SO.
NAPLES FL 34112
US

Mailing Address

2664 AIRPORT RD. SO.
NAPLES FL 34112-4885
US

2. Principal Place of Business

2671 Airport Rd. So.

3. Mailing Address

2671 Airport Rd. So.

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Suite 304

City & State

Naples, FL

City & State

Naples, FL

Zip

34112

Country

USA

Zip

34112

Country

USA

4. FEI Number

59-1958669

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

2671 Airport Rd. So.

Suite 304

City

Naples,

FL

Zip Code

34112

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]

4/7/00

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 PD ☐ Delete

NAME DONOVAN, WILLIAM A.
STREET ADDRESS 2664 AIRPORT RD., SO.
CITY-ST-ZIP NAPLES FL

TITLE PD ☒ Change ☐ Addition

NAME William A. DONOVAN
STREET ADDRESS 2671 Airport Rd. So., Suite 304
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00

(941) 793-0013