

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90082 027 \*\*\*150.00

**DOCUMENT # F00000000437**

1. Entity Name  
**HUGH MCCANDLESS & ASSOCIATES, INC.**

Principal Place of Business

~~134 PINEBROOK DR.~~  
~~FT MYERS FL 33907~~

Mailing Address

~~134 PINEBROOK DR.~~  
~~FT MYERS FL 33907~~

*From September 2000*

2. Principal Place of Business

*4591 S. Landings Dr*

3. Mailing Address

*Fort Myers*

Suite, Apt. #, etc.

*FL*

Suite, Apt. #, etc.

*FL*

Zip *33919*

Country

Zip

Country

4. FEI Number **13-3480658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEAZELL, THORNTON O**  
**1342 COLONIAL BLVD., STE B-10**  
**FT MYERS FL 33907**

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 *Hugh McCandless*

(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. ☐

**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 ☐ Delete  
NAME **CP**  
STREET ADDRESS **MCCANDLESS, HUGH A**  
CITY-ST-ZIP **134 PINEBROOK DR**  
**FT MYERS FL 33907**

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **MCCANDLESS, SIMONE P**  
CITY-ST-ZIP **134 PINEBROOK DR**  
**FT MYERS FL 33907**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCCANDLESS BIRD, AMY**  
CITY-ST-ZIP **8081 HOLLAND DR**  
**HUNTINGTON BEACH CA 92647**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Hugh McCandless**  
STREET ADDRESS **4591 S Landings Dr**  
CITY-ST-ZIP **Fort Myers FL 33919**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *4591 S. Landings Dr*  
CITY-ST-ZIP *FT Myers FL 33919*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)