

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000002312**

1. Entity Name

ALLAN M. SCHNEIDER ASSOCIATES, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90223 044 ***150.00

Principal Place of Business

**51 MAIN STREET
EAST HAMPTON NY 11937**

Mailing Address

**51 MAIN STREET
EAST HAMPTON NY 11937**

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 **11-2345115**

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

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HALLOCK, PETER	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VST	<input type="checkbox"/> Delete
NAME	RICHEY, BARBARA B	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, TIMOTHY G	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	GRIFFIN, MARGARET H	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRAY, DAVID	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara B. Richey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

6313243900

Daytime Phone #

CR2E034 (10/00)