

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90064 036 ***150.00

0629169 AB

DOCUMENT # F00000002312

1. Entity Name

ALLAN M. SCHNEIDER ASSOCIATES, INC.

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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, 2002 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	VST	<input type="checkbox"/> Delete
NAME	RICHEY, BARBARA B	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, TIMOTHY G	
STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
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"/> Delete
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		
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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:

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

2-20-02 631 324
 3900
 Date Daytime Phone #

CR2E034 (9/01)