

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004348

1. Entity Name

WILLIAM E. DAILEY, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90174 011 \*\*\*158.75

Principal Place of Business

Mailing Address

RR1A, BOX 51, RTE 7A  
 SHAFTSBURY VT 05262  
 US

RR1A, BOX 51, RTE 7A  
 SHAFTSBURY VT 05262  
 US

2. Principal Place of Business

1424 Vermont Route 7A

3. Mailing Address

1424 Vermont Route 7A

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Shaftsbury Vermont

City & State

Shaftsbury Vermont

4. FEI Number

03-0191348

Applied For

Not Applicable

Zip  
 05201

Country  
 US

Zip  
 05201

Country  
 US

5. Certificate of Status Desired

☒ X

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRCH, DEAN W ESQUIRE  
 GATLIN & BIRCH, P.A.  
 620 TWIGGS STREET, DIXON BUILDING  
 TAMPA FL 33602

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, 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 DAILEY, WILLIAM E III  
 STREET ADDRESS EHRICH ROAD  
 CITY-ST-ZIP SHAFTSBURY VT 05262

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

TITLE VDS ☐ Delete  
 NAME DAILEY, MICHAEL J  
 STREET ADDRESS AIRPORT ROAD  
 CITY-ST-ZIP SHAFTSBURY VT 05262

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

TITLE V ☐ Delete  
 NAME DAILEY, RICHARD J  
 STREET ADDRESS TWITCHELL HILL ROAD  
 CITY-ST-ZIP SHAFTSBURY VT 05257

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

TITLE V ☐ Delete  
 NAME DAILEY, TIMOTHY J  
 STREET ADDRESS 4051 CARLYLE LAKES BLVD  
 CITY-ST-ZIP PALM HARBOR FL 34685

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

TITLE T ☐ Delete  
 NAME AHEARN, JOHN M  
 STREET ADDRESS 103 LEONARD STREET  
 CITY-ST-ZIP BENNINGTON VT

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP Bennington, VT 05201

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFO/TREASURER 4/21/00 (802) 442-9923