

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004357

1. Entity Name

OTTNEY & ASSOCIATES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90089 040 \*\*\*150.00

Principal Place of Business

Mailing Address

4160 SALVBRASS POINT  
UNIT 103  
BONITA SPRINGS FL 34134

4160 SALVBRASS POINT  
UNIT 103  
BONITA SPRINGS FL 34134

80005861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4160 SAWGRASS POINT

4160 SAWGRASS POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 103

UNIT 103

City & State

City & State

BONITA SPRINGS

BONITA SPRINGS

Zip

Country

Zip

Country

34134

34134

4. FEI Number 34-1135018

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

OTTNEY, THOMAS C  
4160 SAWGRASS POINT #106  
BONITA SPRINGS FL 34134

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 THOMAS C. OTTNEY Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-2000

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 CP  
NAME OTTNEY, THOMAS C  
STREET ADDRESS 4160 SAWGRASS POINT #103  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE DS  
NAME OTTNEY, GERALDINE M  
STREET ADDRESS 4160 SAWGRASS POINT #103  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 (9/99)