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

## Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F98000004536 1. Entity Name NEECE, INC. 02-06-2001 90231 048 \*\*\*150.00 Principal Place of Business Mailing Address 4110 PROGRESS BLVD. 4110 PROGRESS BLVD. C/O PAUL PERONA. PERONA LAW OFFICES C/O PAUL PERONA. PERONA LAW OFFICES PERU IL 61354 PERU IL 61354 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3957507 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VD** ☐ Delete ☐ Change ☐ Addition TITLE STD NEECE, ROBERT H NAME NAME HURLEY, PAMELA J STREET ADDRESS 1164 WICKER DR STREET ADDRESS 910 PROSPECT AVE. CITY-ST-ZIP CITY-ST-ZIP **COLONIAL HEIGHTS VA 23834** PERU, IL 61354 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEECE, WILLIAM M JR NAME STREET ADDRESS 745 S.W. 148TH ST #802 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33325 TITLE " TITLE --- Change--- Addition-Delete NEECE, WILLIAM M SR NAME NEECE, SHEILA D NAME STREET ADDRESS STREET ADDRESS 278-284 S. MAIN ST 1141 PERSIAN LANE CITY-ST-ZIP CITY-ST-ZIP MARSEILLES IL 61341 SEBASTIAN FL 32958 TITLE ☐ Change ☐ Addition TITLE ☐ Delete KENKEL, SHELLEY A NAME NAME SONNON DAVID N. JR. 5847 Lakeshore Drive STREET ADDRESS STREET ADDRESS 1240 MARLIN CT Buford, GA 30518-1309 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change ☐ Delete ☐ Addition TITLE TITLE SPURLOCK, BERYL J NAME NAME Gary R. Gemberling, Trustee STREET ADDRESS 1141 PERSIAN LANE STREET ADDRESS 204 South Main CITY-ST-ZIP CITY-ST-ZIP Sebastian FL 32958 Minier, IL 61759 D Assistant Vice-Presider Ptete ☐ Change Addition TITLE TITLE SONNON, DONNA F NAME NAME Note Change STREET ADDRESS 5847 LAKESHORE DRIVE STREET ADDRESS

**FILED** 

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 SIGNAGO OFFICER OR DIRECTOR

Date

Daylime Phone #

CITY-ST-ZIP

CITY-ST-ZIP

BUFORD GA 30518-1309