

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23603

1. Entity Name

APPRAISAL ANALYSTS, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90084 001 \*\*\*150.00

Principal Place of Business

Mailing Address

4156 OKEECHOBEE ROAD  
FT PIERCE FL 34947  
US

4156 OKEECHOBEE ROAD  
FORT PIERCE FL 34947-5403  
US

00010300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2403289**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENNY, KENNETH A  
726 36TH AVE  
VERO BEACH FL 32968

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 **DV** ☐ Delete  
NAME **BROWN, MICHAEL J**  
STREET ADDRESS **10960 KIMBERFYLD LANE**  
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **PDT** ☐ Delete  
NAME **PENNY, KENNETH**  
STREET ADDRESS **726 36TH AVE**  
CITY-ST-ZIP **VERO BEACH FL 32968**

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

TITLE **S** ☒ Delete  
NAME **ROSS, TAMMY**  
STREET ADDRESS **691 S.E. WHITMORE DRIVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **S** ☐ Change ☒ Addition  
NAME **TONI SANTISTE**  
STREET ADDRESS **15342 WILDO PAPER DRIVE**  
CITY-ST-ZIP **FT. PIERCE, FL 34987**

TITLE **V** ☐ Delete  
NAME **HANKLE, DAVID C**  
STREET ADDRESS **1075 31ST AVE**  
CITY-ST-ZIP **VERO BEACH FL 32968**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 561-460-7277

CR2E034 (9/99)