

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90010 001 ***400.00
 07-19-2001 90010 002 ***150.00

DOCUMENT # H26014

1. Entity Name

CONNELLY & ASSOCIATES, INC.

Principal Place of Business

~~390 NORTH ORANGE AVENUE, STE 2200
 P.O. BOX 1549
 ORLANDO FL 32802~~

Mailing Address

~~390 NORTH ORANGE AVENUE, STE 2200
 P.O. BOX 1549
 ORLANDO FL 32802~~

2. Principal Place of Business

500 N. MAITLAND AVE

3. Mailing Address

500 N. MAITLAND AVE

Suite, Apt. #, etc.

STE. 107

Suite, Apt. #, etc.

STE. 107

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

U.S.

Zip

32751

Country

U.S.

4. FEI Number

59-2455990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~CHRISTORHER, DONALD E.~~

~~390 NORTH ORANGE AVE, STE 2200
 ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name **ROBERT M. CONNELLY, JR.**

Street Address (P.O. Box Number is Not Acceptable)

500 N. MAITLAND AVE., STE. 107

City

MAITLAND

FL

Zip Code

32751

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

ROBERT M. CONNELLY, JR.

Signature, typed or printed name of registered agent and title if applicable.

Robert M. Connelly, Jr.

(NOTE: Registered Agent signature required when reinstating)

7-13-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **PSD** ☐ Delete
 NAME **CONNELLY, ROBERT M., JR.**
 STREET ADDRESS ~~390 N ORANGE AVE #2200~~
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VTD** ☐ Delete
 NAME **CONNELLY, SARAH L.**
 STREET ADDRESS ~~390 N ORANGE AVE #2200~~
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **500 N. MAITLAND AVE, STE 107**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **500 N. MAITLAND AVE, STE. 107**
 CITY-ST-ZIP **MAITLAND, FL 32751**

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

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

TITLE ☐ Change ☐ Addition
 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: **Robert M. Connelly, Jr.**
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01

Date

407 622-6100

Daytime Phone #

CR2E034 (5/01)