

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90065 028 ***150.00

DOCUMENT # J76170

1. Entity Name
FANNING/HOWEY ASSOCIATES OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 222 LAKEVIEW AVENUE, SUITE 148 WEST PALM BCH. FL 33401	Mailing Address 222 LAKEVIEW AVENUE, SUITE 148 WEST PALM BCH. FL 33401-6146
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **34-1557301** 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

~~CORPORATION INFORMATION SERVICES, INC.~~
 1201 HAYES STREET
 TALLAHASSEE FL 32301

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 _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D FANNING, RONALD H 540 EAST MARKET STREET CELINA OH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ronald H Fanning 540 E Market St Celina OH 45822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADER, DANIEL R 3750 PRIORITY WAY S DRIVE, STE 110 INDIANAPOLIS IN <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Randall L Sprunger 1200 Imscher Blvd Celina OH 45822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERCILLA, RENE 222 LAKEVIEW AVE, STE 148 WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rene Tercilla 222 Lakeview Ave Ste 148 West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, RAYMOND L 222 LAKEVIEW AVE, STE 148 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date **4/27/00** Daytime Phone # **419 586 2872**

CR2E034 (9/99)