

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85070

1. Entity Name

CALI & ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 7213  
NAPLES FL 33941

Mailing Address

P.O. BOX 7213  
NAPLES FL 34101-7213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0211006

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

CALI, JOSEPH  
5820 22ND AVE SW  
NAPLES FL 33941

Name

Joseph Cali

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

5429 Guadeloupe Way

City

Naples

FL

Zip Code

34119

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

Joseph Cali Pres.

3-1-00

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 PD  
NAME CALI, JOSEPH  
STREET ADDRESS 5820 22ND AVE SW  
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE PD  
NAME Joseph Cali  
STREET ADDRESS 5429 Guadeloupe Way  
CITY-ST-ZIP Naples FL 34119

☒ Change

☐ Addition

TITLE VPD  
NAME MCGINNIS, ROBERT A.  
STREET ADDRESS 5960 22ND AVE. S.W.  
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE VPD  
NAME Robert A. McGinnis  
STREET ADDRESS 5056 Teak Wood Dr  
CITY-ST-ZIP Naples FL 34119

☒ Change

☐ Addition

TITLE VPD  
NAME ANDREWS, WARREN  
STREET ADDRESS 5931 22ND AVE. S.W.  
CITY-ST-ZIP NAPLES FL

☒ Delete

TITLE SD  
NAME Nancy A McGinnis  
STREET ADDRESS 5056 Teak Wood Dr  
CITY-ST-ZIP Naples FL 34119

☒ Change

☐ Addition

TITLE SD  
NAME MCGINNIS, NANCY A.  
STREET ADDRESS 5960 22ND AVE. S.W.  
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE TD  
NAME Sarah L. Cali  
STREET ADDRESS 5429 Guadeloupe Way  
CITY-ST-ZIP Naples FL 34119

☒ Change

☐ Addition

TITLE TD  
NAME CALI, SARAH L.  
STREET ADDRESS 5820 22ND AVE. S.W.  
CITY-ST-ZIP NAPLES FL

☐ 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

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:

Nancy A. McGinnis

Nancy A.

McGinnis

Date

3-1-00

Daytime Phone #

941-793-3735

CR2E034 (9/99)