

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71295

1. Entity Name

Demby & Associates, Inc.

Principal Place of Business

Mailing Address

1900 Main St # 208
SARASOTA, FL 34236

P.O. Box 490
SARASOTA, FL 34230
W01-19401

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

65-0041797

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

none

Name: ~~Phillip Spruill~~ DIANA DEMBY
Street Address (P.O. Box Number is Not Acceptable)
1900 Main St # 208
766 Hudson Ave Suite 3
City: SARASOTA, FL FL Zip Code: 34236

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-10-00

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, 2001, 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: DIANA DEMBY
NAME: 2232 BAHIA VISTA # A7
STREET ADDRESS: SARASOTA, FL 34237
CITY-ST-ZIP: PRESIDENT

TITLE: SECRETARY
NAME: 200004661452-3
STREET ADDRESS: -10/31/01--01067--012
CITY-ST-ZIP: ****600.00 ****600.00

TITLE: MARY JO DEMBY
NAME: P.O. Box 490
STREET ADDRESS: SARASOTA, FL 34230
CITY-ST-ZIP: SECRETARY

TITLE: VICE PRESIDENT
NAME: RAY E. DEMBY
STREET ADDRESS: P.O. Box 490
CITY-ST-ZIP: PRESIDENT

TITLE: RAY E. DEMBY
NAME: P.O. Box 490
STREET ADDRESS: SARASOTA, FL 34230
CITY-ST-ZIP: PRESIDENT

TITLE: VICE PRESIDENT
NAME: RAY E. DEMBY
STREET ADDRESS: P.O. Box 490
CITY-ST-ZIP: PRESIDENT

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-01

Date

9419511941

Daytime Phone #

CR2E034 (11/00)

AD