

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90005 021 ***150.00

DOCUMENT # M86359

1. Entity Name

ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Principal Place of Business

Mailing Address

**321 ROYAL POINCIANA PLAZA
 PALM BCH FL 33480
 US**

**321 ROYAL POINCIANA PLAZA
 PALM BCH FL 33480-4019
 US**

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

65-0086858

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

**LINDSAY, ALAN
 321 ROYAL POINCIANA PLAZA
 PALM BCH FL 33480**

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	VPT	<input type="checkbox"/> Delete
NAME	MAASS, ROBB R.	
STREET ADDRESS	321 ROYAL POINCIANA PLZ.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LINDSAY, ALAN	
STREET ADDRESS	321 ROYAL POINCIANA PLZ.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, DOYLE	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HANLON, TIMOTHY M.	
STREET ADDRESS	321 ROYAL POINCIANA PLA<A	
CITY-ST-ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATTERBURY, III, WILLIAM W.	
STREET ADDRESS	321 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, DAVID H.	
STREET ADDRESS	321 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMBY, III, LOUIS L.	
STREET ADDRESS	321 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, JR., NEAL W.	
STREET ADDRESS	321 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, EDWARD D.	
STREET ADDRESS	321 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)