

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026954

1. Entity Name

DONNELLY & ASSOCIATES INC

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90054 019 ***150.00

Principal Place of Business

P O BOX 953008
LAKE MARY FL 32795-3008

Mailing Address

P O BOX 953008
LAKE MARY FL 32795-3008

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

59-3634527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONNELLY, JOHN P
411 E SPRINGTREE WAY
LAKE MARY FL 32746

→
change of
address.

7. Name and Address of New Registered Agent

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

822 Tomlinson Terrace

City Lake Mary

FL

Zip Code 32746

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

1-31-01

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

TITLE ☐ Delete
NAME ~~John P. Donnelly~~
STREET ADDRESS ~~822 Tomlinson Terrace~~
CITY-ST-ZIP ~~Lake Mary, FL 32746~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. SECRETARIES, TREASURERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Leanne Benjamin
STREET ADDRESS 822 Tomlinson Terrace
CITY-ST-ZIP Lake Mary, FL 32746 S/T

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: John P. Donnelly President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0479316