

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90078 027 \*\*\*150.00

**DOCUMENT # P01000057243**

1. Entity Name

**WILLIAM NEECE CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1500 South Dixie Hwy.**

Suite, Apt. #, etc.

**Suite #200**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**U.S.A.**

3. Mailing Address

**P.O. Box 489**

Suite, Apt. #, etc.

City & State

**Peru, ILL**

Zip

**61354**

Country

**U.S.A.**

4. FEI Number

**X 30-0036242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Paul G. Fletcher, Esq.**

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

**Bank of America Building**

**1500 South Dixie Hwy., Suite #200**

City

**Coral Gables**

**FL**

Zip Code  
**33146**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/Director**  
**William M. Neece, Sr.**  
**960 Cape Marco Drive, Unit #1102**  
**Marco Island, FL 33145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President**  
**William M. Neece, Jr.**  
**745 S.W. 148th Street, #802**  
**Sunrise, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer**  
**Robert H. Neece**  
**1164 Wicker Drive**  
**Colonial Heights, VA 23834**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary**  
**Pamela J. Hurley**  
**910 Prospect Avenue**  
**Peru, IL 61354**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**William M Neece, Sr., President/Director**

Date

**2/25/02**

**305-661-6125**

Daytime Phone #

CR2E034B (12/01)