

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90102 024 \*\*\*150.00

DOCUMENT # P14214

1. Entity Name  
J. DAVID CASSILLY, INC.

Principal Place of Business

6458 GRIFFIN BLVD., S.W.  
FT. MYERS FL 33908

Mailing Address

6458 GRIFFIN BLVD., S.W.  
FT. MYERS FL 33908

2. Principal Place of Business

7430 LAKE BREEZE DR

Suite, Apt. #, etc.

# 306

City & State

FT. MYERS FL

Zip

33907

Country

USA

3. Mailing Address

7430 LAKE BREEZE DR

Suite, Apt. #, etc.

# 302

City & State

FT. MYERS FL

Zip

33907

Country

USA

6. Name and Address of Current Registered Agent

CASSILLY, J. DAVID  
6458 GRIFFIN BOULEVARD, S.W.  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

CASSILLY, J. DAVID

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

7430 LAKE BREEZE DR

# 302

City

FT. MYERS

FL

Zip Code

33907

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

1-11-01

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	PST	<input type="checkbox"/> Delete
NAME	CASSILLY, J. DAVID	
STREET ADDRESS	6458 GRIFFIN BLVD., S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSILLY, J. DAVID	
STREET ADDRESS	6458 GRIFFIN BLVD., S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASSILLY, LYNN F.	
STREET ADDRESS	6458 GRIFFIN BLVD., S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7430 LAKE BREEZE DR. #306
STREET ADDRESS	FT. MYERS FL 33907
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7430 LAKE BREEZE DR #306
STREET ADDRESS	FT. MYERS FL 33907
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7430 LAKE BREEZE DR. #306
STREET ADDRESS	FT MYERS FL 33907
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

J. DAVID CASSILLY, PRES

Date

1-11-01

Daytime Phone #

941-482-5045

CR2E034 (10/00)