

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27021

1. Entity Name

ROBERT FALLONE, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90101 024 \*\*\*150.00

Principal Place of Business

Mailing Address

70 QUAIL LANE  
 ROCHESTER NY 14624  
 US

70 QUAIL LANE  
 ROCHESTER NY 14624-1063  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-0959474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, DOUGLAS A.  
 149-F SOUTH RIDGEWOOD AVENUE  
 DAYTONA BEACH FL 32117

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	V	<input type="checkbox"/> Delete
NAME	FALLONE, HONORE	
STREET ADDRESS	70 QUAIL LANE	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALLONE, JOSPEH	
STREET ADDRESS	70 QUAIL LANE	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FALLONE, GRACE	
STREET ADDRESS	70 QUAIL LANE	
CITY-ST-ZIP	ROCHESTER NY 14624	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FALLONE, GRACE	
STREET ADDRESS	70 QUAIL LANE	
CITY-ST-ZIP	ROCHESTER NY 14624	
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Grace A. fallone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00  
 Date

716-594-9767  
 Daytime Phone #

CR2E034 (9/99)