

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30246

1. Entity Name

ROGER CLEARY & ASSOCIATES, INC.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90019 034 ***158.75

Principal Place of Business

~~1204 OVERLOOK ROAD~~
EUSTIS FL 32720-5045

Mailing Address

~~1204 OVERLOOK ROAD~~
EUSTIS FL 32720-5045

2. Principal Place of Business

2233 CYPRESS COVE DR.
Suite, Apt. #, etc.

3. Mailing Address

2233 CYPRESS COVE DR.
Suite, Apt. #, etc.

City & State

TAVARES

City & State

TAVARES

4. FEI Number

36-3482561

Applied For

Not Applicable

Zip

32778

Country

LAKE

Zip

32778-5212

Country

LAKE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

OK

6. Name and Address of Current Registered Agent

CLEARY, ROGER M.

~~1204 OVERLOOK RD.~~
~~EUSTIS FL 32720-5045~~

7. Name and Address of New Registered Agent

Name **ROGER M. CLEARY**

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

2233 CYPRESS COVE DR.

City

TAVARES

FL

Zip Code

32778-5212

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

TITLE ☐ Delete
NAME PTD
STREET ADDRESS CLEARY, ROGER M.
CITY-ST-ZIP ~~1204 OVERLOOK RD.~~ 2233 CYPRESS COVE DR.
~~EUSTIS FL~~ TAVARES FL 32778

TITLE ☐ Delete
NAME VSD
STREET ADDRESS CLEARY, HELEN M.
CITY-ST-ZIP ~~1204 OVERLOOK RD.~~ 2233 CYPRESS COVE DR.
~~EUSTIS FL~~ TAVARES, FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **ROGER M. CLEARY** *Roger M. Cleary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-00 (352)742-0050

Date

Daytime Phone #