

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010333

1. Entity Name

WATSON-MCFEELY & ASSOCIATES, INC.

Principal Place of Business

420 NW 110TH AVE  
PLANTATION FL 33014  
US

Mailing Address

420 NW 110TH AVE.  
PLANTATION FL 33324-1534  
US

2. Principal Place of Business

3. Mailing Address

10097 CLEARLY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 329

City & State

City & State  
PLANTATION FL

Zip

Country

Zip  
33324

Country  
USA

4. FEI Number

65-0374399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCFEELY, WILLIAM H  
420 N.W. 110TH AVENUE  
PLANTATION FL 33324

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

*W. H. McFeely*

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when re-instating)

5/22/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT WATSON-MCFEELY, FRANCESCA M 420 NW 110TH AVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MCFEELY, WILLIAM H 420 NW 110TH AVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*W. H. McFeely*  
WILLIAM H. MCFEELY  
VICE PRESIDENT

7/07/00 954-916-9440

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP2E034 (9/99)