

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008923

1. Entity Name

BRUCE DALLY MANAGEMENT, INC.

Principal Place of Business

1371 COMMERCIAL BLVD.
NAPLES FL 33942

Mailing Address

1371 COMMERCIAL BLVD.
NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

34104

Zip

34104

Country

4. FEI Number

65-0384506

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
600 5TH AVENUE SOUTH
SUITE 308
NAPLES FL 34102

Name

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

1000 9th St No., Ste 502

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PTVS
NAME DALLY, BRUCE
STREET ADDRESS 1371 COMMERCIAL BLVD.
CITY-ST-ZIP NAPLES FL 33942 DeleteTITLE D
NAME DALLY, BRUCE
STREET ADDRESS 1371 COMMERCIAL BLVD.
CITY-ST-ZIP NAPLES FL 33942 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

NAPLES, FL 34104

NAPLES, FL 34104

 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/01 941-643-5989

Date

Daytime Phone #