

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90003 036 \*\*\*150.00

**DOCUMENT # P95000048707**

1. Entity Name

**WILLIAM J. HANEY ASSOCIATES, INC.**

Principal Place of Business

**168 HARVARD DR  
LAKE WORTH FL 33460**

Mailing Address

**168 HARVARD DR  
LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

**1858 THOMPSON BRIDGE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#808**

City & State

City & State

**GAINESVILLE, GA**

Zip

Country

Zip

Country

**30501**

**USA**

4. FEI Number **65-0585428**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANEY, WILLIAM J  
168 HARVARD DR  
LAKE WORTH FL 33460**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **HANEY, WILLIAM J**  
STREET ADDRESS **168 HARVARD DR**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VD** ☒ Delete  
NAME **HANEY, CAROL D**  
STREET ADDRESS **9861 36TH WAY N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **SD** ☒ Delete  
NAME **HANEY, BRIAN J**  
STREET ADDRESS **912 SUMMERBREEZE CT**  
CITY-ST-ZIP **VACAVILLE CA 95687**

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 **VICE PRESIDENT** ☒ Change ☒ Addition  
NAME **DAVID G. CEDERBURG**  
STREET ADDRESS **1858 THOMPSON BRIDGE RD. #808**  
CITY-ST-ZIP **GAINESVILLE, GA 30501**

TITLE **SECRETARY** ☒ Change ☒ Addition  
NAME **CAROL D. HANEY**  
STREET ADDRESS **9861 36TH WAY N.**  
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

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

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

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:

**William J. Haney** **WILLIAM J. HANEY, PRESIDENT** **3/20/01** **770-639-9701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0579296