

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011189

1. Entity Name

GEORGE O. SAILE & ASSOCIATES, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90094 016 \*\*\*150.00

Principal Place of Business

1147 EDGEWATER CIRCLE  
BRADENTON FL 34209

Mailing Address

1147 EDGEWATER CIRCLE  
BRADENTON FL 34209-7353

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0640977

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

JOHNSON, DAVID P ESQ.  
2201 RINGLING BLVD. STE 104  
SARASOTA FL 34237

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

*George O. Saile*

1/18/2000

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	P	<input type="checkbox"/> Delete
NAME	GEORGE O. SAILE	
STREET ADDRESS	1147 EDGEWATER CIR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACKERMAN, STEPHEN B	
STREET ADDRESS	21 CONNELLY DRIVE	
CITY-ST-ZIP	STAATSBURG NY 12580	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, ELIZABETH L	
STREET ADDRESS	21 CONNELLY DRIVE	
CITY-ST-ZIP	STAATSBURG NY 12580	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*George O. Saile* President

Date

Daytime Phone #

CR2E034 (9/99)