

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**  
 01-29-2000 90039 003 \*\*\*158.75

**DOCUMENT # P96000069868**

1. Entity Name

**DAVID DOUGLAS ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**260 PROFESSIONAL PL  
 SUITE A  
 N. FT. MYERS FL 33903**

**1002 CLARELLEN DRIVE  
 FORT MYERS FL 33919-6009**

**911098**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2037 WEST FIRST ST.**

3. Mailing Address

**2037 WEST FIRST ST**

Suite, Apt. #, etc.

**FORT MYERS, FL**

Suite, Apt. #, etc.

**FT. MYERS, FL.**

City & State

City & State

4. FEI Number **65-0692788**

Applied For  
 Not Applicable

Zip

**33904**

Country

**LEE**

Zip

**33904**

Country

**LEE**

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

**DOUGLAS, DAVID L  
 1002 CLARELLEN DRIVE  
 FORT MYERS FL 33919**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, DAVID L</b>	
STREET ADDRESS	<b>1002 CLARELLEN DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, EDITH M</b>	
STREET ADDRESS	<b>1002 CLARELLEN DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Edith M. Douglas* **Edith M. Douglas, Pres.**

Date

Daytime Phone #

**JAN 21-2000**