

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101638

1. Entity Name  
REILLY & REILLY, INC.

Principal Place of Business  
7583 EAGLE POINT DRIVE  
DELRAY BEACH FL 33446

Mailing Address  
7583 EAGLE POINT DRIVE  
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0800548

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

REILLY, ALICE T  
7583 EAGLE POINT DR.  
DELRAY BEACH FL 33446

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 \_\_\_\_\_ (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, 2002 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 PTD  
NAME REILLY, FRANK V  
STREET ADDRESS 7583 EAGLE POINT DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE SVD  
NAME REILLY, FRANK V  
STREET ADDRESS 7583 EAGLE POINT DRIVE  
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

TITLE SVD  
NAME REILLY, ALICE T  
STREET ADDRESS 7583 EAGLE POINT DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE PTD  
NAME REILLY, ALICE T  
STREET ADDRESS 7583 EAGLE POINT DR.  
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

TITLE SVD  
NAME REILLY, FRANK V  
STREET ADDRESS 7583 EAGLE POINT DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

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

TITLE PTD  
NAME REILLY, ALICE T  
STREET ADDRESS 7583 EAGLE POINT DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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)(f), 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 561-637-6700  
Date Daytime Phone #

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90017 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

UBR/636 AV

CR2E034 (9/01)