

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107445

1. Entity Name

CONNELL INVESTORS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90066 041 ***150.00

Principal Place of Business

225 SW AVE B
BELLE GLADE FL 33430

Mailing Address

P O BOX 1005
BELLE GLADE FL 32965-1235
US

2. Principal Place of Business

1610 U.S. Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 651235
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FLA.

Zip
32960

Country
US

City & State
VERO BEACH, FLA.

Zip
32965

Country
US

4. FEI Number 65-0803406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNELL, RODNEY C
904 NE 3RD ST
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name
RODNEY C. CONNELL

Street Address (P.O. Box Number is Not Acceptable)
1610 U.S. Hwy 1

City
VERO BEACH FL 32960

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.

RODNEY C. CONNELL

Pres/Director

4/24/00

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, RODNEY C 904 NE 3RD ST BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, LESLY D 904 NE 3RD ST BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, RODNEY H 1755 SE AVE J BELLE GLADE FL 33430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodney C. CONNELL P.O. Box 651235 VERO BEACH, FLA. 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLEY D. CONNELL P.O. Box 651235 VERO BEACH, FLA. 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

RODNEY C. CONNELL

Date

Daytime Phone #

4/24/00 561-562-

3883

CR2E034 (9/99)