

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042599

1. Entity Name

SINELLI AND ASSOCIATES, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90053 041 \*\*\*150.00

Principal Place of Business

Mailing Address

200 W FORSYTH  
SUITE 800  
JACKSONVILLE FL 32202

200 W FORSYTH  
SUITE 800  
JACKSONVILLE FL 32202-4321

2. Principal Place of Business

6057 COUNTY ROAD 219  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 859  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key MELROSE FL

City & State

KEYSTONE HEIGHTS, FL

4. FEI Number

59-3515458

Applied For

Not Applicable

Zip

Country

32666

Zip

Country

32656

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

SINELLI, MICHAEL J  
SINELLI AND ASSOCIATES  
200 W FORSYTH STE 800  
JACKSONVILLE FL 32202

RESIDENCE  
6057 CR 219  
MELROSE, FL 32666

MAIL ADDRESS  
PO Box 859  
KEYSTONE HEIGHTS, FL  
32656

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 MICHAEL JAY SINELLI

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 NAME STREET ADDRESS CITY-ST-ZIP	PVP SINELLI, MICHAEL J 1474 BELVEDERE AVE JACKSONVILLE FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINELLI, SUSAN A 1474 BELVEDERE AVE JACKSONVILLE FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINELLI, PETE T 3459 NW 13TH AVE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINELLI, KATHARYN M 659 S CLOVERDALE APT 310 LOS ANGELES CA 90036	<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

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
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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: Michael Jay Sinelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)