

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 034 ***150.00

DOCUMENT # P99000002286

1. Entity Name

W. H. REEVE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4306 ARNOLD AVENUE SUITE B
 NAPLES FL 34104-3396

4306 ARNOLD AVENUE SUITE B
 NAPLES FL 33901-3234

710917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2150 West First St.

Suite, Apt. #, etc.

2B

3. Mailing Address

2150 West First St.

Suite, Apt. #, etc.

2B

City & State

Fort Myers

City & State

Fort Myers

4. FEI Number

59-3554809

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REEVE, WILLIAM H III

4306 ARNOLD AVENUE SUITE B
 NAPLES FL

7. Name and Address of New Registered Agent

Name

William H. Reeve, III

Street Address (P.O. Box Number is Not Acceptable)

2150 West First Street

Suite 2B

City

Fort Myers

FL

Zip Code

33901

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

William H. Reeve, III President - William H. Reeve, III 2/1/2000

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	D	<input type="checkbox"/> Delete
NAME	REEVE, WILLIAM H III	
STREET ADDRESS	4306 ARNOLD AVENUE SUITE B	
CITY-ST-ZIP	NAPLES FL 34104-3396	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVE, MARIE P	
STREET ADDRESS	4306 ARNOLD AVENUE SUITE B	
CITY-ST-ZIP	NAPLES FL 34104-3396	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	2150 West First Street Suite 2B	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	2150 West First Street Suite 2B	
CITY-ST-ZIP	Fort Myers, FL 33901	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

William H. Reeve, III Pres. - William H. Reeve, III 2/1/2000 (941) 332-2277

CR2E034 19/99