

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08781

1. Entity Name

HANLEY & ASSOCIATES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90007 024 ***150.00

Principal Place of Business

5150 NO. TAMiami TRAIL
#501
NAPLES FL 34103
US

Mailing Address

5150 NO. TAMiami TRAIL
#501
NAPLES FL 34108-2713
US

2. Principal Place of Business

3. Mailing Address

800 LAUREL OAK DR

800 LAUREL OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

#200

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

34108

Country

USA

Zip

34108

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0229339

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

LOWRIE, DOROTHY J
5150 NO. TAMiami TRAIL
#501
NAPLES FL 34103

Name

CLASP Inc.

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

3001 Tamiami Trail-N.

Fourth Floor

City

Naples

FL

Zip Code

34103

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

Dorothy J. Lowrie

DOROTHY LOWRIE

4/4/00

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	D	<input type="checkbox"/> Delete
NAME	LOWRIE, JAMES F.	
STREET ADDRESS	5150 NO. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWRIE, DOROTHY J.	
STREET ADDRESS	5150 NO. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800 LAUREL OAK DR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800 LAUREL OAK DR
CITY-ST-ZIP	NAPLES, FL 34108
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:

James F. Lowrie JAMES F. LOWRIE

4/4/00

941-643-7476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)