

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/7/00-90015-025-\$150.00-\$150.00

DOCUMENT # 303012

1. Entity Name

DOLAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

S.W. 28TH LANE.  
FL 33133

2010 S.W. 28TH LANE  
MIAMI FLA 33233-2133

PO Box 2133

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

59-1161277

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

DOLAN, DANIEL D.  
2610 SW 28TH LANE  
MIAMI, FL  
33133

Name DAVID M. TURNER

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

19 WEST FLAGLER ST

SUITE 600

City MIAMI

FL

Zip Code

33130

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

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

CCD  
DOLAN, BARBARA C.  
9241 S.W. 60TH COURT  
MIAMI FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100003369871--2

-08/23/00--01080--021

\*\*\*\*\*8.75\*\*\*\*\*  
☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
DOLAN, DANIEL D.  
9241 S.W. 60TH COURT  
MIAMI FL

☐ Delete

TITLE

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CITY-ST-ZIP

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☐ 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)(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 without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/24/00

305  
836-7003

CP2E034 (9/99)