

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90012 008 ***150.00

DOCUMENT # 325681

1. Entity Name

DICKSON'S CARRIAGE HOUSE, INC.

Principal Place of Business

Mailing Address

**1800 OLDE RIVER TRAIL
 CHULUOTA FL 32766
 US**

**1800 OLDE RIVER TRAIL
 CHULUOTA FL 32766-9174
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1201934

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER II, WILLIAM A
 250 PARK AVE S 6TH FLOOR
 WINTER PARK FL 32789**

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

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 Delete
 NAME **D**
YOUNG, WINDER A.
 STREET ADDRESS **316 MONTROSE ST**
 CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE Change Addition
 NAME **D**
YOUNG, WINDER A
 STREET ADDRESS **328 HILLCREST ST.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE Delete
 NAME **PD**
DICKSON, KATHERINE A.
 STREET ADDRESS **1800 OLDE RIVER TR**
 CITY-ST-ZIP **CHULUOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VDTS**
DICKSON, DAVID M.
 STREET ADDRESS **1800 OLDE RIVER TR.**
 CITY-ST-ZIP **CHULUOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: *Katherine A Dickson Pres* **KATHERINE A DICKSON** 4-3-00 407-366-5751
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)