

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90672 035 ***150.00

0003948 AT

DOCUMENT # 811893

1. Entity Name
DART INDUSTRIES, INC.

Principal Place of Business Mailing Address
TUPPERWARE HEADQUARTERS ATTN: TAX DEPT. **PO BOX 2353**
14901 S. ORANGE BLOSSOM TR. **ORLANDO FL 32802-2353**
ORLANDO FL 32837

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 **95-1455570** 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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 **P** ☐ Delete
 NAME **GOINGS, E. V.**
 STREET ADDRESS **14901 S ORANGE BLOSSOM TRAIL**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VP** ☐ Delete
 NAME **HAJEK, JOSEF**
 STREET ADDRESS **14901 S ORANGE BLOSSOM TRAIL**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VP** ☒ Delete
 NAME **LISEC, RICHARD**
 STREET ADDRESS **14901 S ORANGE LOSSOM TRAIL**
 CITY-ST-ZIP **ORALNDO FL**

TITLE **VPAS** ☒ Change ☐ Addition
 NAME **Crowe, Keith S.**
 STREET ADDRESS **14901 S. Orange Blossom Trail**
 CITY-ST-ZIP **Orlando, FL**

TITLE **S** ☐ Delete
 NAME **ROEHLK, THOMAS M.**
 STREET ADDRESS **14901 S ORANGE BLOSSO, TRAIL**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VPS** ☒ Delete
 NAME **DUNLAP, CHARLES L**
 STREET ADDRESS **14901 S ORANGE BLOSSOM TRAIL**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **SVP** ☒ Change ☐ Addition
 NAME **Mathur, Pradeep**
 STREET ADDRESS **14901 S. Orange Blossom Trail**
 CITY-ST-ZIP **Orlando, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Keith S. Crowe **Keith S. Crowe**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
 Date

(407) 826-5050
 Daytime Phone #

CR2E034 (9/01)