

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90090 021 ****61.25

DOCUMENT # N39761

1. Entity Name

DUNBAR CENTER, INC.

Principal Place of Business

Mailing Address

12100 SE LANTANA AVE
 HOBE SOUND FL 33455
 US

P.O. BOX 6233
 HOBE SOUND FL 33455-7124
 US

SAME

010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address:

12100 SE Lantana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Hobe Sound, FL

City & State

4. FEI Number

65-0216826

Applied For

Not Applicable

Zip
 33455

Country

Zip

Country

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

BAUER, MARY JANE
4962 S.E. INKWOOD WAY
HOBE SOUND FL 33455

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNNE, KATHERINE	
STREET ADDRESS	158 SOUTH RIVER ROAD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMPSON, BICKLEY	
STREET ADDRESS	101 HARBOR WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAUER, MARY JANE	
STREET ADDRESS	4962 S.E. INKWOOD WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRING, BOYZE	
STREET ADDRESS	2440 S.E. FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARLOW, JILL	
STREET ADDRESS	8606 S.E. AURORA STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAR,PW	
STREET ADDRESS	86-6 S E AURORA ST	
CITY-ST-ZIP	HOBE SOUND F 33455	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Florence Blatch	
STREET ADDRESS	P.O. Box 201	
CITY-ST-ZIP	Hobe Sound, FL 33475	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Ferrari	
STREET ADDRESS	8145 SE Woodlake Lane	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Gaylord	
STREET ADDRESS	9307B SE Olympus St.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace Harris	
STREET ADDRESS	8508 SE Begonia Way	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caroline Hilford	
STREET ADDRESS	850 NE Ocean Blvd.	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dona Omanoff	
STREET ADDRESS	12898 SE Hobe Hills Rd.	
CITY-ST-ZIP	Hobe Sound, FL 33455	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHERINE DUNNE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/26/00

561
 545-0808
 Daytime Phone #

CR2E037 (9/99)