

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39761

FILED
Apr 01, 2002 8:00 AM
Secretary of State

Entity Name: DUNBAR CENTER, INC.

Current Principal Place of Business:

12100 SE LANTANA AVE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

12100 SE LANTANA AVE
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 65-0216826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROPPE, KAREN
8256 SE PALM HAMMOCK LANE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

OMANOFF, DONA G
12898 SE HOBE HILLS DRIVE
HOBE SOUND, FL 33455 US

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: DONA G. OMANOFF

04/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OMANOFF, DONA
Address: 12898 SE HOBE HILLS ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: SIMPSON, BICKLEY
Address: 101 HARBOR WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: KROPPE, KAREN
Address: 8256 SE PALM HAMMOCK LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: PATTERSON, JOANNE
Address: P.O. BOX 896
City-St-Zip: HOBE SOUND, FL 33475

Title: D () Delete
Name: BARLOW, JILL
Address: 8606 S.E. AURORA STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BAUER, MARY JANE
Address: 4962 SE INKWOOD WAY
City-St-Zip: HOBE SOUND, F 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OMANOFF, DONA
Address: 12898 SE HOBE HILLS ROAD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: VPD (X) Change () Addition
Name: PRESTON, RAMONE
Address: 322 NW BAKER ROAD
City-St-Zip: STUART, FL 34994 US

Title: SD (X) Change () Addition
Name: BECK, PEG
Address: 6161 SE GEORGETOWN PL
City-St-Zip: HOBE SOUND, FL 33455 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONA G. OMANOFF

PD

04/01/2002

Electronic Signature of Signing Officer or Director

Date

GRACE HARRIS D
8508 SE BEGONIA WAY
HOBE SOUND, FL 33455