

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90017 015 ***150.00

0479571

DOCUMENT # P95000000539

1. Entity Name

DEXTER'S OF THORNTON PARK, INC.

Principal Place of Business

**808 E WASHINGTON ST
 ORLANDO FL 32803**

Mailing Address

**808 E WASHINGTON ST
 ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3290923**

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

**RICHARDSON, DEXTER
 808 E WASHINGTON ST
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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	PD RICHARDSON, DEXTER	<input type="checkbox"/> Delete
STREET ADDRESS	435 WESTMINSTER DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE NAME	VD BAUMIS, CHARLES D	<input type="checkbox"/> Delete
STREET ADDRESS	901 FLORAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	SD MANN, ADRIAN H	<input type="checkbox"/> Delete
STREET ADDRESS	622 CARVELL DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE NAME	TD HOFFMEISTER, JOHN B	<input type="checkbox"/> Delete
STREET ADDRESS	522 TWISTING PINE COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD RICHARDSON, DEXTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1590 HIGHLAND RD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE NAME	VD CHARLES BAUMIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 STEVENSON CT.	
CITY-ST-ZIP	LONG WOOD, FL 32779	
TITLE NAME	SD MANN, ADRIAN H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10245 CHESHAM DR	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)