

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000010544**1. Entity Name
DANFINE, INC.

Principal Place of Business

**9736 AIRPORT BLVD E
ORLANDO FL 32827**

Mailing Address

**9736 AIRPORT BLVD E
ORLANDO FL 32827**

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 **59-3435001**

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****GRAY, J. CHARLES
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801**

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, 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 **PD** ☐ Delete
NAME **NABBIE, TYRONE**
STREET ADDRESS **7862 CANYON LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MCZIER, ARTHUR**
STREET ADDRESS **7862 CANYON LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VTD** ☒ Delete
NAME **FORREST, WILLIAM**
STREET ADDRESS **3 GREENWICH OFFICE PARK**
CITY-ST-ZIP **GREENWICH CT 06831**TITLE **VD** ☒ Change ☐ Addition
NAME **Robert Jantzen**
STREET ADDRESS **3 Greenwich Office Park**
CITY-ST-ZIP **Greenwich, CT 06831**TITLE **SD** ☒ Delete
NAME **KEATS, ELLEN**
STREET ADDRESS **3 GREENWICH OFFICE PARK**
CITY-ST-ZIP **GREENWICH CT 06831**TITLE **SPDV** ☒ Change ☐ Addition
NAME **GREGORY FENDER**
STREET ADDRESS **4160 Grand Champ Circle**
CITY-ST-ZIP **Palm Harbor, FL 34685**TITLE **D** ☐ Delete
NAME **PRENDERGAST, MAXINE**
STREET ADDRESS **9736 AIRPORT BLVD**
CITY-ST-ZIP **ORLANDO FL 32823**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

407-325-4522

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)