

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67041

1. Entity Name

DLR GROUP INC.

Principal Place of Business

DLR GROUP INC.
601 WEST SWANN AVENUE
TAMPA FL 33606-2727

Mailing Address

DLR GROUP INC.
601 WEST SWANN AVENUE
TAMPA FL 33606-2727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	MERADITH, STAN	601 W SWANN AVE	TAMPA FL	<input type="checkbox"/>
DVS	ROUBAL, JAMES P.	601 W SWANN AVE	TAMPA FL	<input type="checkbox"/>
DV	HAINES, JOE	601 W SWANN AVE	TAMPA FL	<input type="checkbox"/>
V	CARLSON, ROBERT J	601 W SWANN AVE	TAMPA FL 33606-2727	<input type="checkbox"/>
C	ROUBAL, JAMES P.	601 W SWANN AVE	TAMPA FL	<input type="checkbox"/>
V	CONLEY, JAMES R	601 W SWANN AVE	TAMPA FL 33606-2727	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Stan Meradith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90118 018 ***150.00

80010733



DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0708506

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**