

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291799

1. Entity Name

DOLPH PROPERTIES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90049 027 ***150.00

Principal Place of Business

Mailing Address

2739 WASHINGTON AVE.
ST LOUIS MO 63103
US

2739 WASHINGTON AVE.
ST LOUIS MO 63103
US

915424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1140280**

Applied For

Not Applicable

Zip

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

ROGERS, DOYLE
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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
NAME ORTHWEIN, A.B.
STREET ADDRESS 1740 NORTH GEYER RD
CITY-ST-ZIP ST. LOUIS MO 63131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VASD
NAME ORTHWEIN, S.A.
STREET ADDRESS 1409 WASHINGTON AVE.
CITY-ST-ZIP ST. LOUIS MO 63103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ORTHWEIN, P.B.
STREET ADDRESS ONE LAFAYETTE PL
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ORTHWEIN, A B JR
STREET ADDRESS 4647 POLO LANE
CITY-ST-ZIP ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME OTTO, W.C.
STREET ADDRESS 1975 CLAY MILLS DRIVE
CITY-ST-ZIP CHESTERFIELD MO 63017 ☐ Delete

TITLE
NAME
STREET ADDRESS 4 Clarkson Farm Drive
CITY-ST-ZIP Clarkson Valley, MO 63017 ☒ Change ☐ Addition

TITLE D
NAME ORTHWEIN, C D
STREET ADDRESS 1740 N GEYER RD
CITY-ST-ZIP ST LOUIS MO 63131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: x

W. Clay Otto

W. Clay Otto

2/1/01

314-535-1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)