

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603854

1. Entity Name

DOLAN DONALD B. P.A.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90189 025 ***150.00

Principal Place of Business

215 IMPERIAL BLVD
BUILDING C. #1
LAKELAND FL 33803

Mailing Address

215 IMPERIAL BLVD
BUILDING C. #1
LAKELAND FL 33803-4689

2. Principal Place of Business

3. Mailing Address

~~1736 Edgewood Dr. E~~
Suite, Apt. #, etc.

~~179 Scottsdale Loop~~
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33803

Country

Zip

33803

Country

4. FEI Number

59-1415815

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

DOLAN, DONALD B.
215 IMPERIAL BLVD.
LAKELAND FL 33803

Name

Dolan, Donald B.
Street Address (P.O. Box Number is Not Acceptable)

179 Scottsdale Loop

City

Lakeland, FL

FL

Zip Code

33803

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DOLAN, DONALD B.
STREET ADDRESS 215 IMPERIAL BLVD
CITY-ST-ZIP LAKELAND FL

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

TITLE SD ☒ Delete
NAME LEONARD, EDWIN C.
STREET ADDRESS 115 E. PALM DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS 407 S. Kentucky Ave
CITY-ST-ZIP COOK, LAWRENCE K.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Donald B. Dolan
DONALD B. DOLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

944 646-5748

CR2E034 (9/99)