

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 650086

1. Entity Name

D & E MANAGEMENT COMPANY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90089 041 ***150.00

Principal Place of Business

Mailing Address

9780 KILGORE RD
ORLANDO FL 32836

9780 KILGORE RD
ORLANDO FL 32836-5706

2. Principal Place of Business

Mailing Address

7623-7639 International Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

4. FEI Number

59-2083355

Applied For

Not Applicable

Zip

32819

Country

USA

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

JOSEPHS, MRS. ELEANOR
9780 KILGORE RD
ORLANDO FL 32836-5706

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHS, D.	
STREET ADDRESS	9780 KILGORE RD	
CITY-ST-ZIP	ORLANDO FL 32836-5706	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOSEPHS, ELEANOR	
STREET ADDRESS	9780 KILGORE RD	
CITY-ST-ZIP	ORLANDO FL 32836-5706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

ELEANOR JOSEPHS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

Daytime Phone #

CR2E034 (9/99)