

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685893

1. Entity Name
DBC CORPORATION

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90138 007 ***150.00

Principal Place of Business
4496 SOUTHSIDE BLVD. STE. 200
JACKSONVILLE FL 32216

Mailing Address
4496 SOUTHSIDE BLVD. STE. 200
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Worth Avenue
Suite, Apt. #, etc.
703

3. Mailing Address
100 Worth Avenue
Suite, Apt. #, etc.
703

City & State
Palm Beach, FL
Zip
33480

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Palm Beach, FL
Zip
33480

4. FEI Number 59-2017558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DR
2301 INDEPENDENT SQUARE
JACKSONVILLE FL

7. Name and Address of New Registered Agent

Name
DE BORCHGRAVE, ARNAUD
Street Address (P.O. Box Number is Not Acceptable)
DBC Corporation
100 Worth Avenue, Ste. 703
City
Palm Beach FL Zip Code
33480

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 Arnaud de Borchgrave ARNAUD de BORCHGRAVE 1/29/01
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DE BORCHGRAVE, ALEXANDRA	4496 SOUTHSIDE BLVD, #200	JACKSONVILLE, FL 00000	<input type="checkbox"/>
C	DE BORCHGRAVE, ARNAUD	4496 SOUTHSIDE BLVD, #200	JACKSONVILLE, FL 00000	<input type="checkbox"/>
T	CORNELIUS, BENJAMIN A.	4496 SOUTHSIDE BLVD, #200	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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
PD	DE BORCHGRAVE, ALEXANDRA	100 WORTH AVENUE # 703	PALM BEACH, FL 33480	<input type="checkbox"/>	<input type="checkbox"/>
C	DE BORCHGRAVE, ARNAUD	100 WORTH AVENUE # 703	PALM BEACH, FL 33480	<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: Arnaud de Borchgrave ARNAUD de BORCHGRAVE 1/29/01 561-820-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)