

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001383**

1. Entity Name

DART CONTAINER COMPANY OF FLORIDA LIMITED PARTNE

Principal Place of Business

**4610 AIRPORT ROAD
PLANT CITY FL 33567-1114**

Mailing Address

**1952 FIELD ROAD
SARASOTA FL 34231-2315**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0454686**

Applied For
Not Applied

Zip

Country

Zip
34231-2315

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

**DART, WILLIAM A
1952 FIELD ROAD
SARASOTA FL 34231**

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. Capital Contributions
as Shown on record.

\$9,796,382.00

10. Amount of Capital Contributions
in FLORIDA to date.

9,796,382

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V41257**
NAME **DART CONTAINER COPORATION OF FLORIDA**
STREET ADDRESS **1952 FIELD ROAD**
CITY-ST-ZIP **SARASOTA FL 34231**

STREET ADDRESS

CITY-ST-ZIP

34231-2315

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

William L. Myers, Treasurer

SIGNATURE: William L. Myers of the General Partner, Dart 1-10-2000 (517) 676-3800
Container Corporation of Florida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #