

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A95000000465

**1. Entity Name**  
Dunbar Anderson Limited

**Principal Place of Business**  
870 UN Plaza, #16D  
New York, NY 10017

**Mailing Address**  
5726 Cortez Road West, #347  
Bradenton, Florida 34210

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 3:05

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**

65-0555795

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**

Barbara D. Todd  
533 Indian Harbor Road  
Vero Beach, Florida 32963

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. \$100.00

**10. Amount of Capital Contributions**  
in FLORIDA to date.

**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 #**  
**NAME** Robert McLean  
**STREET ADDRESS** 870 UN Plaza #16D  
**CITY-ST-ZIP** New York, NY 10017

STREET ADDRESS

CITY-ST-ZIP

800003272298--7  
-05/31/00-01063-019

**DOCUMENT #**  
**NAME** Barbara Todd  
**STREET ADDRESS** 5726 Cortez Road West, #347  
**CITY-ST-ZIP** Bradenton, Florida 34210

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*141.25 \*\*\*\*141.25

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**

Barbara Todd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)