

2001 UNIFORM BUSINESS REPORT (UBR)

0014761 AF

DOCUMENT # **A97000001548**

1. Entity Name

DANBE PROPERTIES, LTD.

FILED

Principal Place of Business

10103 9TH STREET NORTH

SUITE A

ST. PETERSBURG FL 33734

Mailing Address

P.O. BOX 7697

ST. PETERSBURG FL 33734

01 MAR 21 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1901 Ulmerton Road

Suite, Apt. #, etc.

Suite 750

City & State

Clearwater, FL

Zip

33762

Country

3. Mailing Address

1901 Ulmerton Road

Suite, Apt. #, etc.

Suite 750

City & State

Clearwater, FL

Zip

33762

Country

4. FEI Number

59-3461621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOYLE, DANIEL M

14 AMBLESIDE DRIVE

BELLAIR FL 34616

7. Name and Address of New Registered Agent

Name

Lisa Smithson

Street Address (P.O. Box Number is Not Acceptable)

1901 Ulmerton Road

Suite 750

City

Clearwater

FL

Zip Code

33762

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

Lisa Smithson Lisa Smithson 3/10/01

9. Capital Contributions
as Shown on record.

\$3,500,000.00

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

DOCUMENT # **P94000075433**
NAME **DANIELSON, INC.**
STREET ADDRESS **121 N. OSCEOLA AVE. SUITE #300**
CITY-ST-ZIP **CLEARWATER FL 33755**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/01 (727) 540-9693
Date Daytime Phone #

CR2E003 (11/00)