

2000 UNIFORM BUSINESS REPORT (UBR)

0017715 AF

DOCUMENT # **A99000001857**

1. Entity Name

GENEVIEVE DEAN ENTERPRISES, LTD.

FLA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:22

Principal Place of Business

**9300 OTTAWA STREET
NEW PORT RICHEY FL 34654**

Mailing Address

**9300 OTTAWA STREET
NEW PORT RICHEY FL 34654-1121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3608951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COPELAND, CHESTER D
9300 OTTAWA STREET
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

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.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,125,500.00

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 #

NAME **COPELAND, CHESTER D TRUSTEE**

STREET ADDRESS **9300 OTTAWA STREET**

CITY - ST - ZIP **NEW PORT RICHEY FL 34654**

DOCUMENT #

NAME **COPELAND, CHESTER D**

STREET ADDRESS **9300 OTTAWA STREET**

CITY - ST - ZIP **NEW PORT RICHEY FL 34654**

DOCUMENT #

NAME **COPELAND, DARRELL**

STREET ADDRESS **1092 PINE STREET N.E.**

CITY - ST - ZIP **CONYERS GA 30012**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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mf 2/23/00

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02/25/00 01035 011

******526.25 ****526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CHESTER D. COPELAND *2/9/2000* *727/869-3571*

CR2E003 (9/99)