

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50598

1. Entity Name

DHG REAL ESTATE, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90031 012 \*\*\*150.00

Principal Place of Business

14780 CALEB DR.  
FT. MYERS FL 33908

Mailing Address

14780 CALEB DR.  
FT. MYERS FL 33908

2. Principal Place of Business

25352 Galashields Circle  
Suite, Apt. #, etc.

3. Mailing Address

25352 Galashields Circle  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

59-2142113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, KIM  
14780 CALEB DR.  
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Graham, Kim

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

25352 Galashields Circle

City

Bonita Springs

FL

Zip Code

34134

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 Kim Graham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/01

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 PSD  
NAME GRAHAM, DAVID H  
STREET ADDRESS 14780 CALEB DR.  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE VP  
NAME GRAHAM, KIM  
STREET ADDRESS 14780 CALEB DR.  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME Graham, David H.  
STREET ADDRESS 25352 Galashields Circle  
CITY-ST-ZIP Bonita Springs FL 34134 ☒ Change ☐ Addition

TITLE VP  
NAME Graham, Kim  
STREET ADDRESS 25352 Galashields Circle  
CITY-ST-ZIP Bonita Springs FL 34134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Kim Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

Daytime Phone #

CR2E034 (10/00)