

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90418 025 ***150.00

DOCUMENT # F92000000586

1. Entity Name

DEAN STAR CORPORATION

Principal Place of Business

10407 CENTURION PKY. N.
 SUITE 108
 JACKSONVILLE FL 32256
 US

Mailing Address

10407 CENTURION PKY. N.
 SUITE 108
 JACKSONVILLE FL 32256
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Case Pomeroy Properties

Suite ~~XXXXXX~~ 109

1400 Marsh Landing Pky.

City & State
 Jacksonville Beach, FL

Zip
 32250

Country
 US

3. Mailing Address

Case Pomeroy Properties

Suite ~~XXXXXX~~ 109

1400 Marsh Landing Pky.

City & State
 Jacksonville Beach, FL

Zip
 32250

Country
 US

4. FEI Number

65-0364228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCNEILL, DOUGLAS W 10407 CENTURION PKY. N. STE. 108 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS KEITH, DOUGLAS B 111 10407 CENTURION PARKWAY N,STE 108 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUBBAGE, GILBERT 10407 CENTURION PKWY. N. STE. 108 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAILAND, ADELE R 10407 CENTURION PKWY. N. STE. 108 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LISTA, FELIX M 10407 CENTURION PKWY. N. STE. 108 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LYNN, SHARON A 10407 CENTURION PKWY N STE 108 JACKSONVILLE FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Marsh Landing Pky.,Ste.109 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Marsh Landing Pky.,Ste.109 Jacksonville Beach, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Marsh Landing Pky.,Ste.109 Jacksonville Beach, FL 32250

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)