

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002779

1. Entity Name

DOVER PARTNERS, INC.

Principal Place of Business

3033 S. KETTERING BLVD., #320
DAYTON OH 45439

Mailing Address

3033 S. KETTERING BLVD., #320
DAYTON OH 45439-1948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1281984

Applied For

Not Applicable

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

CAMPBELL, RICHARD A CFA
3781 WINKLER AVE., #436
FT MYERS FL 33912

Name

Campbell, Richard A CFA

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

14310-C Harbour Links Ct.

City

Fort Myers

FL

Zip Code

33908

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

Richard A. Campbell

3-17-00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS CAMPBELL, RICHARD A CFA
CITY-ST-ZIP 3781 WINKLER AVE., #436
FT MYERS FL 33912

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

TITLE ☐ Delete
NAME V
STREET ADDRESS PENDERGRAFT, ANDREA J CFA
CITY-ST-ZIP 3033 S. KETTERING BLVD., #320
DAYTON OH 45439

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

TITLE ☐ Delete
NAME S
STREET ADDRESS WHALEN, MARY JANE B
CITY-ST-ZIP 3444 RIDGEWAY RD.
DAYTON OH 45429

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

TITLE ☐ Delete
NAME T
STREET ADDRESS WHALEN, HERBERT E JR
CITY-ST-ZIP 3444 RIDGEWAY RD.
DAYTON OH 45429

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

TITLE ☐ Delete
NAME DC
STREET ADDRESS NEWELL, JACKSON
CITY-ST-ZIP 3033 S. KETTERING BLVD., #320
DAYTON OH 45439

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Andrea J. Pendergraft 3-17-00 937 299-4105

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE