

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005528**

1. Entity Name

DTR NORTH CANTON, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90256 002 ***150.00

Principal Place of Business

**755 CROSSOVER LN
MEMPHIS TN 38117-4900
US**

Mailing Address

**755 CROSSOVER LN
MEMPHIS TN 38117-4900
US**

2. Principal Place of Business

**9336 CIVIC CENTER DR
Suite, Apt. #, etc.**

3. Mailing Address

**9336 CIVIC CENTER DR
Suite, Apt. #, etc.**

City & State

BEVERLY HILLS CA

City & State

BEVERLY HILLS, CA

Zip

Country

90210**USA**

Zip

Country

90210**USA**4. FEI Number **86-0803814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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 | PD | <input type="checkbox"/> Delete |
| NAME | PORTER, STEVAN D | |
| STREET ADDRESS | 9336 CIVIC CENTER DR. | |
| CITY-ST-ZIP | BEVERLY HILLS CA 90210 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | GARCIA, CARLOS | |
| STREET ADDRESS | 9336 CIVIC CENTER DR | |
| CITY-ST-ZIP | BEVERLY HILLS CA 90210 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | SMITH, M. HUE III | |
| STREET ADDRESS | 9336 CIVIC CTR DR. | |
| CITY-ST-ZIP | BEVERLY HILLS CA 90210 | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | AVAT | <input type="checkbox"/> Delete |
| NAME | RIEDEL, KAREN D | |
| STREET ADDRESS | 755 CROSSOVER LN | |
| CITY-ST-ZIP | MEMPHIS TN 38117 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VAT | <input type="checkbox"/> Delete |
| NAME | MULROY, BRYAN R., JR | |
| STREET ADDRESS | 755 CROSSOVER LN | |
| CITY-ST-ZIP | MEMPHIS TN 38117 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VAT | <input type="checkbox"/> Delete |
| NAME | STANDEFER, STEVEN W | |
| STREET ADDRESS | 755 CROSSOVER LN | |
| CITY-ST-ZIP | MEMPHIS TN 38117 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **W. J. STANDEFER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. J. STANDEFER

Date

426-01 310-278-4324

Daytime Phone #

CR2E034 (10/00)