

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003109

1. Entity Name

DULIN ASSOCIATES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90160 012 ***150.00

Principal Place of Business

~~618 EAST LAKE CLUB DR.~~
~~OLDSMAR FL 34677~~

Mailing Address

~~618 EAST LAKE CLUB DR.~~
~~OLDSMAR FL 34653-6310~~

2. Principal Place of Business

7833 HAMLET DR.

Suite, Apt. #, etc.

3. Mailing Address

7833 HAMLET DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY

Zip

34653

Country

USA

City & State

NEW PORT RICHEY

Zip

34653

Country

USA

4. FEI Number

36-2771367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DULIN, DENNIS L

~~618 EAST LAKE CLUB DR.~~ **7833 HAMLET DR.**
~~OLDSMAR FL 34677~~ **NEW PORT RICHEY, FL**
34653

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DULIN, DENNIS J	
STREET ADDRESS	618 EAST LAKE CLUB DR. 7833 HAMLET DR.	
CITY-ST-ZIP	OLDSMAR FL NEW PORT RICHEY, 34653	
TITLE	S	<input type="checkbox"/> Delete
NAME	DULIN, SANDRA L	
STREET ADDRESS	618 EAST LAKE CLUB DR. 7833 HAMLET DR.	
CITY-ST-ZIP	OLDSMAR FL NEW PORT RICHEY, 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, RUSSELL E	
STREET ADDRESS	115 NORTH FIRST ST., STE 200	
CITY-ST-ZIP	DEKALB IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.00

Date

727 3125655

Daytime Phone #

CR2E034 (9/99)