

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90054 027 ***150.00

DOCUMENT # G56843

1. Entity Name

DOUBLE D PROPERTIES, INC.

Principal Place of Business

Mailing Address

HWY. 80
 P.O. BOX 8001
 BELLE GLADE FL 33430

HWY. 80
 P.O. BOX 8001
 BELLE GLADE FL 33430-8001

2. Principal Place of Business

3. Mailing Address

28900 SR 880

28900 SR 880

Suite, Apt. #, etc.
 P.O. Box 8001

Suite, Apt. #, etc.
 P. O. Box 8001

City & State

City & State

Belle Glade, FL.

Belle Glade, FL.

Zip

Country

Zip

Country

33430

Palm Beach

33430

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2321621

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

YOUNG, DAVID L.
 HWY. 80
 BELLE GLADE FL 33430

Name

YOUNG, DAVID L.

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

1812 B ROAD

City

Loxahatchee

FL

Zip Code
 33470

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID L.	NAME	YOUNG, DAVID L.
STREET ADDRESS	HWY. 80	STREET ADDRESS	1812 B Road
CITY-ST-ZIP	BELLE GLADES FL	CITY-ST-ZIP	Loxahatchee, FL. 33470
TITLE	<input type="checkbox"/> Delete	TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KIRCHMAN, KATHY M.
STREET ADDRESS		STREET ADDRESS	333 N E 6th Street
CITY-ST-ZIP		CITY-ST-ZIP	Belle Glade, FL. 33430
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

D. L. Young
 D. L. Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000
 Date

561-996-9800
 Daytime Phone #

CR2E034 (9/99)