

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G56843

1. Entity Name

DOUBLE D PROPERTIES, INC.

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

01-27-2000 90054 027 \*\*\*150.00

Principal Place of Business  
HWY. 80  
P.O. BOX 8001  
BELLE GLADE FL 33430

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
28900 SR 880  
Suite, Apt. #, etc.  
P.O. Box 8001  
City & State  
Belle Glade, FL.  
Zip  
33430  
Country  
Palm Beach

3. Mailing Address  
28900 SR 880  
Suite, Apt. #, etc.  
P. O. Box 8001  
City & State  
Belle Glade, FL.  
Zip  
33430  
Country  
Palm Beach

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

7. Name and Address of New Registered Agent  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DAVID L. HWY. 80 BELLE GLADES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DAVID L. 1812 B Road Loxahatchee, FL. 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KIRCHMAN, KATHY M. 333 N E 6th Street Belle Glade, FL. 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000 561-996-9800  
Date Daytime Phone #

CR2E034 (9/99)