

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G56844**

1. Entity Name

DOUBLE D MANAGEMENT COMPANY, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90069 023 ***150.00

Principal Place of Business STATE RD.80 P.O. BOX 691 BELLE GLADE FL 33430	Mailing Address STATE RD.80 P.O. BOX 691 BELLE GLADE FL 33430-0691
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C0010528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 28900 SR 880- Suite, Apt. #, etc. P. O. Box 691		3. Mailing Address 28900 SR 880 Suite, Apt. #, etc. P. O. Box 691		4. FEI Number 59-2332345	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Belle Glade, FL 33430		City & State Belle Glade, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33430	Country Palm Beach	Zip 33430	Country Palm Beach		

6. Name and Address of Current Registered Agent YOUNG, DAVID L. STATE RD.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 YOUNG, DAVID L. Loxahatchee FL Zip Code 33470
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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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DAVID L. 61 SEMINOLE CT. ROYAL PALM BCH. FL <input type="checkbox"/> Delete	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"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, DIANA L. 1303 STILLWELL RD. BELLE GLADE FL <input checked="" type="checkbox"/> Delete	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"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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

D. L. Young

1/4/2000

Date

561-996-9806

Daytime Phone #