

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90169 023 \*\*\*150.00

**DOCUMENT # G67457**

1. Entity Name

**DANDAR & DANDAR, A PROFESSIONAL ASSOCIATION**

Principal Place of Business

Mailing Address

1009 N O'BRIEN ST  
 TAMPA FL 33607  
 US

POST OFFICE BOX 24597  
 TAMPA FL 33623-4597

2. Principal Place of Business

**5340 W. KENNEDY BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

**# 201**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

4. FEI Number

**59-2337825**

Applied For

Not Applied For

Zip

**33609**

Country

**HILLSBOROUGH**

Zip

Country

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

**DANDAR, KENNAN GEORGE**  
**1009 NORTH O'BRIEN ST**  
**TAMPA FL 33607**

Name

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

**5340 W. KENNEDY BLVD**  
**#201**

City

**TAMPA**

**FL**

Zip Code

**33609**

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 ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **DANDAR, KENNAN GEORGE**  
 CITY-ST-ZIP **1009 NORTH O'BRIEN ST**  
**TAMPA FL**

TITLE ☐ Delete  
 NAME **VSD**  
 STREET ADDRESS **DANDAR, THOMAS JOHN**  
 CITY-ST-ZIP **1009 NORTH O'BRIEN ST**  
**TAMPA FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5340 W. Kennedy BLVD #201**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**2-8-00**

**813 259 3858**