

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30806

1. Entity Name

DEAN'S THREE, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90046 043 ***158.75

Principal Place of Business

901 COUNTRY CLUB BOULEVARD
CAPE CORAL FL 33990

Mailing Address

901 COUNTRY CLUB BOULEVARD
CAPE CORAL FL 33990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2486239

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

DEAN, THOMAS C.
901 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

Name

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

City

FL

Zip Code

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 THOMAS C. DEAN, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

Thomas C. Dean, Pres.

(NOTE: Registered Agent signature required when reinstating)

1/17/01

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, 2001 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

TITLE PTD ☐ Delete
NAME DEAN, THOMAS C.
STREET ADDRESS 307 SE 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL

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

TITLE VP ☐ Delete
NAME DEAN, CURTIS D.
STREET ADDRESS 607 SE 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☒ Change ☐ Addition
NAME Vice President, Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Thomas C. Dean, Pres.

THOMAS C. DEAN, PRESIDENT 1/17/01 941-574-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)