

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20081

1. Entity Name

DISPENSE-ALL CENTRAL FLORIDA, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90108 009 ***150.00

Principal Place of Business

Mailing Address

1694 TIMOUCUAN WAY,
LONGWOOD FL 32750

1694 TIMOUCUAN WAY,
LONGWOOD FL 32750-3729

CU0065344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

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

BLOCK, PHYLLIS S.
7000 W. PALMETTO PARK RD.
SUITE 402
BOCA RATON FL 33432

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

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 **\$5.00** May Be
Trust Fund Contribution: ☒ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|----------------|-------------------------|---------------------------------|----------------|--|---|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, H. S. | | NAME | | |
| STREET ADDRESS | 2500 Q ST. N.W. #229 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WASHINGTON DC | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALFERES, GEORGE L. | | NAME | | |
| STREET ADDRESS | 12602 TARTAR | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. WASHINGTON MD | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAWFORD, SALLY | | NAME | | |
| STREET ADDRESS | 1694 TIMOUCUAN WAY #114 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARD, JAMES BUD | | NAME | | |
| STREET ADDRESS | 1320 FENWICH LN. #405 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SILVER SPRINGS MD | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANN, STANLEY W. | | NAME | | |
| STREET ADDRESS | 920 DEER ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRYN MAWR PA | | 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: *Sally Crawford* **W. C. Crawford** 4/11/00 407-366-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #