

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97818

1. Entity Name

DOSH REALTY, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90029 041 \*\*\*150.00

Principal Place of Business

Mailing Address

2901 W BUSCH BLVD  
SUITE 1010  
TAMPA FL 33618  
US

2901 W BUSCH BLVD  
SUITE 1010  
TAMPA FL 33618-4525  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2851409

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

SHARE, FRED B.  
1092 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, SHIRLEY M.	
STREET ADDRESS	16080 S.W. INDIANWOOD	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERGUSON, SHIRLEY M	
STREET ADDRESS	16080 S.W. INDIANWOOD	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, DONALD E	
STREET ADDRESS	16080 S.W. INDIANWOOD	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4641 S. Atlantic Ave.
CITY-ST-ZIP	Daytona Beach, FL 32127-7045
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4641 S. Atlantic Ave.
CITY-ST-ZIP	Daytona Beach FL 32127-7045
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shirley M. Ferguson* SHIRLEY M. FERGUSON

02-28-00

Date

904-304-6750

Daytime Phone #

CR2E034 (9/99)