

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90006 021 ***150.00

DOCUMENT # K35689

1. Entity Name

DONARE CORPORATION

Principal Place of Business

Mailing Address

3281 LAKE WORTH RD
 SUITE F
 LAKE WORTH FL 33461
 US

3281 LAKE WORTH RD
 SUITE F
 LAKE WORTH FL 33461-3600
 US

2. Principal Place of Business

3. Mailing Address

3273 Lake Worth Rd

3273 Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. A

Ste. A

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33461

33461

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BINGHAM, DONALD
 3273 LAKE WORTH RD
 SUITE A
 LAKE WORTH FL 33461

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

[Signature]
 3-31-2000

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	DP	<input type="checkbox"/> Delete
NAME	BINGHAM, DONALD	
STREET ADDRESS	2550 FLORAL ROAD	
CITY-ST-ZIP	LANTANA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BINGHAM, CHERYL	
STREET ADDRESS	2550 FLORAL ROAD	
CITY-ST-ZIP	LANTANA 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

3-31-2000

CR2E034 (9/99)