

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05318

1. Entity Name

ROBERT C. DANNA REALTY & MORTGAGE CO.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90003 043 ***150.00

Principal Place of Business

533 N. NOVA RD
SUITE 202A
ORMOND BEACH FL 32174

Mailing Address

533 N. NOVA RD
SUITE 202A
ORMOND BEACH FL 32174

2. Principal Place of Business

6115 OX BOW BEND LN.
Suite, Apt. #, etc.

3. Mailing Address

6115 OX BOW BEND LN.
Suite, Apt. #, etc.

City & State

PT. ORANGE FL.

City & State

PT. ORANGE FL.

Zip

32124

Country

USA

Zip

32124

Country

USA

4. FEI Number

59-2967997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANNA, ROBERT C.
533 MARINA PT DR
DAYTONA BCH. FL 32114

7. Name and Address of New Registered Agent

Name

ROBERT C. DANNA

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

6115 OX BOW BEND LN.

City

PT. ORANGE

FL

Zip Code

32124

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, 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

TITLE **P** ☐ Delete
NAME **DANNA, ROBERT C.**
STREET ADDRESS **533 MARINA PT. DR.**
CITY-ST-ZIP **DAYTONA BCH 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ROBERT C. DANNA**
STREET ADDRESS **6115 OX BOW BEND LN.**
CITY-ST-ZIP **PT. ORANGE FL. 32124**

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 #

CR2E034 (10/00)