

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90061 040 ***150.00

DOCUMENT # L22117

1. Entity Name

DONEGAN PROPERTIES INC.

Principal Place of Business

Mailing Address

% MYRON DEETZ
 1130 E DONEGAN AVE
 KISSIMMEE FL 34744

1146 E DONEGAN AVENUE
 KISSIMMEE FL 34744-1932
 US

2. Principal Place of Business

3. Mailing Address

1130 E. Donegan Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Zip

Country

Zip

FL 34744

Country

US

4. FEI Number

59-2970107

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

DEETZ, MYRON
 1146 E. DONEGAN AVENUE
 KISSIMMEE FL 34744

Name

Barry Compton

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

1130 E. Donegan Ave

City

Kissimmee

FL

Zip Code

34744

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

March 20, 00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 DEETZ, MYRON
 1146 E DONEGAN AVENUE
 KISSIMMEE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 600 Villa Vista Ave.
 Lewisburg PA 17837 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VS
 COMPTON, BARRY
 1130 E DONEGAN AVE
 KISSIMMEE FL ☐ Delete

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

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

Myron D. Deetz / Myron D. Deetz 3/14/00

Date

Daytime Phone #

570-524-1129 523-6896

CR2E034 (9/99)