

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L22117**

1. Entity Name
DONEGAN PROPERTIES INC.

Principal Place of Business
**% MYRON DEETZ
1130 E DONEGAN AVE
KISSIMMEE FL 34744**

Mailing Address
**1130 E. DUNEGAN AVE
KISSIMMEE FL 34744
US**

2. Principal Place of Business
**90 Barry Compton
Suite, Apt. #, etc.
1130 E Donegan Ave #4
City & State
Kissimmee FL
Zip
34744
Country
US**

3. Mailing Address
**1130 E Donegan Ave
Suite, Apt. #, etc.
Suite 4
City & State
Kissimmee FL
Zip
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
**COMPTON, BARRY
1130 E. DUNEGAN AVE
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1130 E. Donegan Ave Suite 4
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  **Barry Compton** **8-16-01**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
DEETZ, MYRON
600 VILLA VISTA AVE
LEWISBURG PA 17837** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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:  **Barry Compton** **8-16-01** **407-933-2554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90005 048 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)