

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67745

1. Entity Name

D & C - RALLY'S LEASE CORP.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90073 041 \*\*\*158.75

Principal Place of Business

Mailing Address

HALLIDAY GROUP REALTY MGMT. INC.  
1100 SE 3 AVE - 2ND FLOOR  
FT. LAUDERDALE FL 33316-1110  
US

HALLIDAY GROUP REALTY MGMT. INC.  
1100 SE 3 AVE - 2ND FLOOR  
FT. LAUDERDALE FL 33316-1110  
US

2. Principal Place of Business

c/o Halliday Group Realty  
Mgmt, Inc.  
Suite, Apt. #, etc.

3. Mailing Address

c/o Halliday Group Realty  
Mgmt, Inc.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0195468

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

DWORS, ROBERT F  
1629 NE 4TH CT  
FT. LAUDERDALE FL 33301

Name

Robert F. Dwors

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

1 South Victoria Park Road

City

Fort Lauderdale,

FL

Zip Code

33301

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

*Robert F. Dwors*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-00

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 ☐ Delete  
NAME DWORS, ROBERT F.  
STREET ADDRESS 1629 N.E. FOURTH CT  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition  
NAME Dwors, Robert F.  
STREET ADDRESS 1 South Victoria Park Road  
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Delete  
NAME CURRAN, DERRANCE W.  
STREET ADDRESS PO BOX 2465  
CITY-ST-ZIP FT. LAUDERDALE FL 33303-2465

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

TITLE ☐ Delete  
NAME CHANDLER (NO FIRST NAME)  
STREET ADDRESS 2001 SE SAILFISH POINT BLVD #411  
CITY-ST-ZIP STUART FL 34996

TITLE ☒ Change ☐ Addition  
NAME Chandler (No First Name)  
STREET ADDRESS 10020 East Graythorn  
CITY-ST-ZIP Scottsdale, AZ 85262

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Robert F. Dwors*  
Robert F. Dwors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

(954) 767-0700

Daytime Phone #

CR2E034 (9/99)