## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M18615** May 09, 2000 8:00 am

US

2.

DANFORTH PROPERTIES, INC.

Principal Place of Business

Mailing Address

3501 SW CORPORATE PARKWAY

PALM CITY FL 34990

3501 SW CORPORATE PARKWAY PALM CITY FL 34990-8150

Secretary of State

05-09-2000 90123 028 \*\*\*150.00

Principal Place of Business	3. Mailing Address	
3399 PEA Blud.	3399 PGA Blud.	1 400100(1 101 4100) 19110 DIABA 11061 6114 A1011 B1011 DIO11 DIO11 B1611 A101
Suite Ant # etc	Suite, Apt, # etc.	DO NOT WRITE IN THIS SPACE

11.5A

59-2562423

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASEN, DONALD L. 3501 SW CORPORATE PARKWAY PALM CITY FL 34990

7. Name and Address of New Registered Agent mald L.

5. Certificate of Status Desired

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.

me of registered agent and title if applicable

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE CUMMINGS, PETER D. NAME 399 PGA Blud. 5te 450 STREET ADDRESS STREET ADDRESS 3501 SW CORPORATE PARKWAY Im Beach Gardens, FL 33410 CITY-ST-7/P CITY-ST-ZIP PALM CITY FL ☐ Delete nasen, Donald L. CHASEN, DONALD L 399 PGA Blvd., Ste 450 STREET ADDRESS 3501 SW CORPORATE PARKWAY STREET ADDRESS alm Beach Gardens, FL 33410 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS 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

SIGNATURE:

CITY-ST-ZIP