

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34582

1. Entity Name

DOVELAND, INC.

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90341 010 \*\*\*\*70.00

0075827

Principal Place of Business Mailing Address  
601 COVENANT DRIVE 601 COVENANT DRIVE  
BELLE GLADE FL 33430-5728 BELLE GLADE FL 33430-5728

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0185583

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

MORRIS, ROBERT ESQ  
685 ROYAL PALM BCH BLVD  
STE #205  
ROYAL PALM BCH FL 33411

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MCCLENDON, EDNA O  
STREET ADDRESS 140 SANTA MONICA AVENUE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

TITLE SD ☐ Delete  
NAME REUTER, MONIKA  
STREET ADDRESS 111 A WEYBRIDGE CIR  
CITY-ST-ZIP ROYAL PALM BCH FL 33411

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

TITLE T ☐ Delete  
NAME HARRISON, NORMAN  
STREET ADDRESS 324 EAST CANAL STREET SOUTH #7  
CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE D ☐ Delete  
NAME JACKSON, LAURA  
STREET ADDRESS 440 WEST 30TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

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

TITLE T ☐ Delete  
NAME SMITH, NANCY  
STREET ADDRESS 1740 SE AVENUE K  
CITY-ST-ZIP BELLE GLADE FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 28, 2002 (561) 996-2300

Date

Daytime Phone #

CR2E037 (9/01)