

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000391

1. Entity Name

PRINCETON/NARANJA COMMUNITY COUNCIL INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90423 026 ****61.25

Principal Place of Business

Mailing Address

13100 S W 260 STREET
NARANJA FL 33032
US

PO BOX 924293
PRINCETON FL 33092-4293
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0474234

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

DODSON, BARBARA
13100 S W 260 STREET
NARANJA FL 33032

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

Barbara Dodson
(NOTE: Registered Agent signature required when reinstating)

4-15-2000
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 ☐ Delete
NAME PD
STREET ADDRESS DODSON, BARBARA
CITY-ST-ZIP 13100 S W 260 STREET
NARANJA FL 33032

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS ANTHONY, LEN
CITY-ST-ZIP 14820 NARANJA BLVD, APT P-H
HOMESTEAD FL

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS DODSON, BARBARA
CITY-ST-ZIP 13100 S W 260 STREET
NARANJA FL 33032

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DODSON, SIDNEY
CITY-ST-ZIP 13100 S W 260 STREET
NARANJA FL 33032

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

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 with an address, with all other like empowered.

SIGNATURE: Barbara Dodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000 305-257-2945
Date Daytime Phone #

CR2E037 (9/99)