

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90102 034 \*\*\*150.00

**DOCUMENT # P01000017285**

**1. Entity Name**  
**DOVE RUN, INC.**

**Principal Place of Business**

**35310 HWY 54 W**  
**ZEPHYRHILLS FL 33541**

**Mailing Address**

**35310 HWY 54 W**  
**ZEPHYRHILLS FL 33541**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3710649**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HILL, CARL D**  
**35310 HWY 54 W**  
**ZEPHYRHILLS FL 33541**

Name

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

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

**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

**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, 2002 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**

**TITLE** ☐ Delete  
**NAME** **DP**  
**STREET ADDRESS** **HILL, CARL D**  
**CITY-ST-ZIP** **35310 HWY 54 W**  
**ZEPHYRHILLS FL 33541**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **HILL, KIMBERLY A**  
**CITY-ST-ZIP** **35310 HWY 54 W**  
**ZEPHYRHILLS FL 33541**

**TITLE** ☐ Delete  
**NAME** **DS**  
**STREET ADDRESS** **OSTERMANN, KEITH**  
**CITY-ST-ZIP** **10439 LAMSON RD**  
**DADE CITY FL 33525**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **OSTERMANN, KIM M**  
**CITY-ST-ZIP** **10439 LAMSON RD**  
**DADE CITY FL 33525**

**TITLE** ☐ Delete  
**NAME** **DT**  
**STREET ADDRESS** **STEERS, WILLIAM F**  
**CITY-ST-ZIP** **28546 DAWNS BREAK POINT**  
**WESLEY CHAPEL FL 33543**

**TITLE** ☒ Delete  
**NAME** **V**  
**STREET ADDRESS** **RYMAN, NELSON L**  
**CITY-ST-ZIP** **38819 OTIS ALLEN RD**  
**ZEPHYRHILLS FL 33540**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☒ Change ☐ Addition  
**NAME** **OS**  
**STREET ADDRESS** **Hill, Kimberly A.**  
**CITY-ST-ZIP** **35310 Hwy 54 W.**  
**Zephyrhills, FL 33541**

**TITLE** ☒ Change ☐ Addition  
**NAME** **OV**  
**STREET ADDRESS** **Ostermann, Keith**  
**CITY-ST-ZIP** **10439 Lamson Rd.**  
**Dade City, FL 33525**

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

**TITLE** ☐ Change ☐ Addition  
**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 information.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**2/21/02 (813) 782-7705**

CR2E034 (9/01)