

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26844

1. Entity Name

DART CONTAINER CORPORATION OF CALIFORNIA

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90240 039 ***150.00

Principal Place of Business

Mailing Address

500 HOGSBACK ROAD
MASON MI 48854

500 HOGSBACK ROAD
MASON MI 48854-9541
US

C0008612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2592818

Applied For

Not Applicable

Zip

Country

Zip

Country

48854-9547

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

DART, WILLIAM A
1952 FIELD ROAD
SARASOTA FL 34231

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

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 CD
STREET ADDRESS DART, WILLIAM A
CITY-ST-ZIP 1952 FIELD ROAD
SARASOTA FL 34231

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS DART, ROBERT C
CITY-ST-ZIP N. SOUND RD., PO BOX 31363 SMB
GRAND CAYMAN, CI B.W.I.

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

TITLE ☐ Delete
NAME S
STREET ADDRESS LAMMERS, JAMES D
CITY-ST-ZIP 500 HOGSBACK RD.
MASON MI 48854-9547

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MYERS, WILLIAM L.
CITY-ST-ZIP 2509 WOODVIEW DRIVE
LANSING MI 48911

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 500 Hogsback Rd
CITY-ST-ZIP Mason, MI 48854-9547

TITLE ☐ Delete
NAME PD
STREET ADDRESS DART, KENNETH B
CITY-ST-ZIP N. SOUND RD., PO BOX 31363 SMB
GRAND CAYMAN, CI B.W.I.

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS N. Sound Rd, PO Box 31372 SMB
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DART, CLAIRE T.
CITY-ST-ZIP 1952 FIELD RD
SARASOTA FL 34231

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: *William L. Myers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Myers 1-7-2000 (517) 676-3803

Date

Daytime Phone #

CR2E034 (9/99)