

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P33088**

1. Entity Name

DUFRESNE-HENRY, INC. ✓

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90046 030 ***150.00

Principal Place of Business
54 Route 106
North Springfield
Vermont 05150

Mailing Address
54 Route 106
North Springfield
Vermont 05150

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

03-0211223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

80036771

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael, Richard P
299 Coldeway
Unit F3
Punta Gorda, FL 33950

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conklin, Gerard F	
STREET ADDRESS	Pine Brook Condo G3	
CITY-ST-ZIP	North Springfield, VT 05150	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emerson, Gordon L	
STREET ADDRESS	29 Coolidge Rd	
CITY-ST-ZIP	Springfield, VT 05156	
TITLE	Sr V-P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrews, Peter N	
STREET ADDRESS	39 Breezy Hill Rd	
CITY-ST-ZIP	Springfield, VT 05156	
TITLE	Sr V-P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan, George R	
STREET ADDRESS	7 Stonehedge Dr	
CITY-ST-ZIP	Wilmington, MA 01887	
TITLE	Sr V-P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lovett Jr, Walter B	
STREET ADDRESS	16 Cedarbrook Dr	
CITY-ST-ZIP	Scarborough, ME 04074	
TITLE	Sr V-P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	True, Norton G	
STREET ADDRESS	RD 1, Box 137	
CITY-ST-ZIP	Bellows Falls, VT 05101	

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 another like empowered.

SIGNATURE:

Gordon L. Emerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

Daytime Phone #

CR2E034 (9/99)