

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063220

1. Entity Name

DYNASTY HOLDINGS OF FLORIDA, INC.

Principal Place of Business

405 DOUGLAS AVENUE  
SUITE 1955  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

PO BOX 917359  
LONGWOOD FL 32791  
US

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

59-3200209

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

JUDGE WALTER E.  
405 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714

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, 2001 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 PD  
NAME KAHN, JEROME B  
STREET ADDRESS 2102 ROYAL FERN CT  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE STD  
NAME JACONETTI, GEORGE W  
STREET ADDRESS 733 W STATE ROAD 436, SUITE 2001  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE V  
NAME JUDGE WALTER E.  
STREET ADDRESS 405 DOUGLAS AVE SUITE 1955  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 3, 2001 407-774-1600  
Date Daytime Phone #

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90043 049 \*\*\*150.00

A0001854



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)