

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072799

1. Entity Name

DST HOLDINGS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90834 001 \*\*\*750.00

Principal Place of Business

120 NW 12TH AVE  
TAX DEPT.  
DEERFIELD BEACH FL 33442

Mailing Address

111 NW 12TH AVE  
DEERFIELD BEACH FL 33442-1701  
US

2. Principal Place of Business

100 NW 12TH AVENUE  
Suite, Apt. #, etc.

3. Mailing Address

111 NW 12TH AVENUE  
Suite, Apt. #, etc.  
LEGAL DEPT JMD 618



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

65-0452061

Applied For

Not Applicable

Zip

33442 USA

Zip

33442 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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	T	<input type="checkbox"/> Delete
NAME	ALLEN, A. TUCKER	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAGUIRE, THOMAS A	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 NW 12 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BRILLIANT, JON A	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, JAMES R.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, THOMAS A.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEAD, CAZEN J.	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN J. WHELAN  
SECRETARY 4/11/00

Date

Daytime Phone #

954-439-2000

CR2E034 (9/99)