

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90211 003 ***150.00

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DOCUMENT # P93000080918

1. Entity Name

DOUGLAS PROPERTIES OF NW FL, INC.



Principal Place of Business

5435 CIRCLE DRIVE
WEEKI WACHEE FL 34607
US

Mailing Address

5435 CIRCLE DRIVE
WEEKI WACHEE FL 34607
US

2. Principal Place of Business

3809 N.E. Lake Sebring Dr.
Suite, Apt. #, etc.

3. Mailing Address

3809 N.E. Lake Sebring Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number

59-3213992

Applied For

Not Applicable

Zip

33870

Country

US

Zip

33870

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, TERRY D
5435 CIRCLE DRIVE
WEEKI WACHEE FL 34607

7. Name and Address of New Registered Agent

Name

SAME

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

3809 N.E. Lake Sebring Dr.

City

Sebring, FL

FL

33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, TERRY D	
STREET ADDRESS	5435 CIRCLE DRIVE	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, BARBARA J	
STREET ADDRESS	5435 CIRCLE DRIVE	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3809 N.E. Lake Sebring Dr.	
STREET ADDRESS	Sebring, FL 33870	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3809 N.E. Lake Sebring Dr.	
STREET ADDRESS	Sebring, FL 33870	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Douglas* **Barbara J. Douglas** 4-10-03 **382-8682**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OWNER** Date Daytime Phone #

CR2E034 (10/02)