

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014940

1. Entity Name

DANRAY HOMES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90110 015 ***150.00

Principal Place of Business

Mailing Address

DAN R HALLAUER
1590 WTERWITCH DR
ORLANDO FL 32806
US

1590 WATERWITCH DRIVE
ORLANDO FL 32806-7813
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DAN R. HALLAUER
Suite, Apt. #, etc. UNIT

DAN R. HALLAUER
Suite, Apt. #, etc. UNIT

4751 Distribution Gt. 10
City & State

4751 Distribution Gt. 10
City & State

Orlando FLA.

Orlando FL

Zip 32822 Country ORANGE

Zip 32822 Country ORANGE

4. FEI Number 59-3230394

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

DAN R HALLAUER
1590 WATERWITCH DR
ORLANDO FL 32806

Name

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

4751 Distribution Gt. UNIT 10
City ORLANDO FL Zip Code 32822

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 PD
NAME HALLAUER, DAN R
STREET ADDRESS 1590 WATERWITCH DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS 4751 Distribution Ct. UNIT 10
CITY-ST-ZIP ORLANDO FL 32822 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: DAN R HALLAUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00
Date

407 381 5516
Daytime Phone #

CR2E034 (9/99)