

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030403

1. Entity Name

DORCHESTER CONSULTANTS, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90021 023 ***150.00

Principal Place of Business

Mailing Address

~~3250 S. OCEAN BLVD.~~

~~UNIT 309N~~

~~PALM BEACH FL 33480~~

~~3250 S. OCEAN BLVD.~~

~~UNIT 309N~~

~~PALM BEACH FL 33480-5641~~

2. Principal Place of Business

10745 Waterford Place
Suite, Apt. #, etc.

3. Mailing Address

10745 Waterford Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

Zip

33412

Country

USA

City & State

West Palm Beach FL

Zip

33412

Country

USA

4. FEI Number

65-0484393

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

LENAHAN, MARY KATHRYN
3250 S. OCEAN BLVD.
APT-309N
PALM BEACH FL 33480

Name

Mary Kathryn Lenahan

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

10745 Waterford Place

City

West Palm Beach

FL

Zip Code

33412

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

Mary Kathryn Lenahan

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

(NOTE: Registered Agent signature required when reinstating)

4-12-00

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	STD	<input type="checkbox"/> Delete
NAME	LENAHAN, KATHRYN H	
STREET ADDRESS	738 PINE VALLEY LN 202	
CITY-ST-ZIP	TOLEDO OH 43615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYDEN, KRISTIN R	
STREET ADDRESS	8155 RIVER BIRCH 108	
CITY-ST-ZIP	CHARLOTTE NC 28210	
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"/> Change <input type="checkbox"/> Addition
NAME	Minority, Kathryn H	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYDEN, KRISTIN R	
STREET ADDRESS	10116 N Oak Brook Drive	
CITY-ST-ZIP	Charlotte NC 28210	
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		

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:

Mary Kathryn Lenahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

561-799-6696

Daytime Phone #

CR2E034 (9/99)