

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P94000030587

1. Entity Name

DORAL WOODS MANAGEMENT INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-29-2000 90048 003 ***150.00

Principal Place of Business

1633 EAST VINE ST., SUITE 205
KISSIMMEE FL 34744

Mailing Address

P.O. BOX 421871
KISSIMMEE FL 34742-1871

2. Principal Place of Business

22 WEST MONUMENT AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 13

City & State

KISSIMMEE FL

City & State

4. FEI Number 59-3254790

Applied For
Not Applicable

Zip

34741

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, JOHN B
2912 ELDIENTE WAY
KISSIMMEE FL 34758

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 P
NAME HOLLINGSWORTH, JOHN B
STREET ADDRESS 2912 ELDIENTE WAY
CITY-ST-ZIP KISSIMMEE FL 34758
PRESIDENT

TITLE CS
NAME HOLLINGSWORTH, IRENE
STREET ADDRESS 2912 ELDIENTE WAY
CITY-ST-ZIP KISSIMMEE FL 34758
COMPANY SECRETARY

TITLE D
NAME COWELL, JANET E
STREET ADDRESS 5303 FOREST BREEZE COURT
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME HOLLINGSWORTH, JOHN B JR
STREET ADDRESS 1720 OSPREY AVE
CITY-ST-ZIP ORLANDO FL 32803
DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
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 B Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2000 (407) 931 3295
Date Daytime Phone #