

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045425

1. Entity Name

DOLPHIN 1995, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90096 018 ***150.00

Principal Place of Business
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237

Mailing Address
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237-6049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0591434**
Applied For
Not Applicable

Zip Country
Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HANKIN, LAWRENCE M
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BACHELET, ALAIN	19 QUAI DE LA POTERNE	02400 CHATEU THIERRY FR	<input type="checkbox"/>
D	BACHELET, THERESE	19 QUAI DE LA POTERNE	02400 CHATEU THIERRY FR	<input type="checkbox"/>
D	PILLAUD, MARIE-ANNETTE	LA MARAOLIERE	02400 GLAND FR	<input type="checkbox"/>
D	ESCHARD, SYLVIA BACHELE	15TH AVE JOUSSAUME	02400 CHATEU THIERRY FR	<input type="checkbox"/>
D	BACHELET, PIERRE MARY	LES COM BIERES - AULNOIS	02400 CHATEU THIERRY FR	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **X** *Bachelet* **4/18/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)