

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056177

1. Entity Name

DANEN INVESTMENTS, INC.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90070 026 \*\*\*158.75

Principal Place of Business

Mailing Address

25316 TRADEWINDS DRIVE  
LAND O LAKES FL 34639

25316 TRADEWINDS DRIVE  
LAND O LAKES FL 34639-5505

041970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3326441

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MURPHY, D.E.  
25316 TRADEWINDS DRIVE  
LAND O LAKES FL 34639

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	P	<input type="checkbox"/> Delete
NAME	MURPHY, DAVID	
STREET ADDRESS	25316 TRADEWINDS DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MURPHY, NENA A	
STREET ADDRESS	25316 TRADEWINDS DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.E. MURPHY, PRES.

4-13-00

Date

813-973-3576

Daytime Phone #