

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081542

1. Entity Name

CAROL E. DUNNE, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90011 024 ***150.00

Principal Place of Business

515 N. MAIN ST., STE. 300-B
GAINESVILLE FL 32601

Mailing Address

515 N. MAIN ST., STE. 300-B
GAINESVILLE FL 32601-3323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3350472

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

DUNNE, CAROL E
515 N. MAIN ST., STE. 300-B
GAINESVILLE FL 32601

Name JOHN E. DUNNE II

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

3673 NW 67 AV.

City Gainesville

FL

Zip Code 32653

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

Carol E. Dunne

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

(NOTE: Registered Agent signature required when reinstating)

1/31/00
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 PD ☐ Delete
NAME DUNNE, CAROL E
STREET ADDRESS 515 N. MAIN ST., STE. 300-B
CITY-ST-ZIP GAINESVILLE FL 32601

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

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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:

John E. Dunne II, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 (352) 372-0043
Date Daytime Phone #

CR2E034 (9/99)