

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001446

1. Entity Name  
DOLLY'S PRODUCE PATCH, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90065 013 \*\*\*150.00

Principal Place of Business  
27961 MICHIGAN ST SE  
BONITA SPRINGS FL 34135  
US

Mailing Address  
27961 MICHIGAN ST SE  
BONITA SPRINGS FL 33923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9930 Bonita Beach Road  
Suite, Apt. #, etc.

3. Mailing Address  
9930 Bonita Beach Road  
Suite, Apt. #, etc.

City & State  
Bonita Springs, Florida  
Zip 34135 Country U.S.A.

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Bonita Springs, Florida  
Zip 34135 Country U.S.A.

4. FEI Number 65-0632939  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
QUINN, JEFFREY C  
307 AIRPORT RD N  
NAPLES FL 33942

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, 2001 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 checked="" type="checkbox"/> Delete | TITLE   | P                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCOTT, DARLENE     |  | NAME  | SCOTT DARLENE                 |  |
| STREET ADDRESS             | 2191 SANDPIPER ST. |  | STREET ADDRESS  | 9930 BONITA BEACH ROAD        |  |
| CITY-ST-ZIP                | NAPLES FL 34102    |  | CITY-ST-ZIP   | BONITA SPRINGS, FLORIDA 34135 |  |
| TITLE                      | V                  | <input checked="" type="checkbox"/> Delete | TITLE   | V                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALANDER, RANDY     |  | NAME  | ALANDER RANDY                 |  |
| STREET ADDRESS             | 2191 SANDPIPER ST. |  | STREET ADDRESS  | 9930 BONITA BEACH ROAD        |  |
| CITY-ST-ZIP                | NAPLES FL 34102    |  | CITY-ST-ZIP   | BONITA SPRINGS, FLORIDA 34135 |  |
| TITLE                      | ST                 | <input checked="" type="checkbox"/> Delete | TITLE   | ST                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCOTT, GERALD      |  | NAME  | SCOTT GERALD                  |  |
| STREET ADDRESS             | 2191 SANDPIPER ST. |  | STREET ADDRESS  | 9930 BONITA BEACH ROAD        |  |
| CITY-ST-ZIP                | NAPLES FL 34102    |  | CITY-ST-ZIP   | BONITA SPRINGS, FLORIDA 34135 |  |
| TITLE                      |                    | <input type="checkbox"/> Delete            | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    |  | NAME  |                               |  |
| STREET ADDRESS             |                    |  | STREET ADDRESS  |                               |  |
| CITY-ST-ZIP                |                    |  | CITY-ST-ZIP   |                               |  |
| TITLE                      |                    | <input type="checkbox"/> Delete            | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    |  | NAME  |                               |  |
| STREET ADDRESS             |                    |  | STREET ADDRESS  |                               |  |
| CITY-ST-ZIP                |                    |  | CITY-ST-ZIP   |                               |  |
| TITLE                      |                    | <input type="checkbox"/> Delete            | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                    |  | NAME  |                               |  |
| STREET ADDRESS             |                    |  | STREET ADDRESS  |                               |  |
| CITY-ST-ZIP                |                    |  | 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: Randy Alander Randy ALANDER 4/24/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)