

2000 UNIFORM BUSINESS REPORT (UBR)

3/12

FILED

May 16, 2000 8:00 am
Secretary of State

03-13-2000 90032 006 ***150.00

DOCUMENT # P96000005319

1. Entity Name

DUN ERIN APARTMENTS, INC.

Principal Place of Business

7435 US 19
NEW PORT RICHEY FL 34652

Mailing Address

7435 US 19
NEW PORT RICHEY FL 34652-1240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3361380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HATFIELD, ROBERT D
9301 DENTON AVE.
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name **Dunleavy John D**
Street Address (P.O. Box Number is Not Acceptable)
6081 KIMBAL CT
SPRING HILL FL
City **FL** Zip Code **34606**

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

John D Dunleavy **JOHN D DUNLEAVY PRESIDENT** **3/22/00**
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	D	<input type="checkbox"/> Delete
NAME	DUNLEAVY, JOHN D	
STREET ADDRESS	6081 KIMBAL CT.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNLEAVY, JAMES J	
STREET ADDRESS	1941 GEORGIA AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNLEAVY, ROSEMARY	
STREET ADDRESS	1941 GEORGIA AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET P DUNLEAVY	
STREET ADDRESS	6081 KIMBAL CT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 D Dunleavy **JOHN D DUNLEAVY** **3/8/2000** **727-848-1764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)