

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90022 020 \*\*\*150.00

DOCUMENT # P96000011874

1. Entity Name

DENMARK PROPERTY CORPORATION

Principal Place of Business

8324 CORPORATE WAY  
NEW PORT RICHEY FL 34653

Mailing Address

PO BOX 352  
NEW PORT RICHEY FL 34656-0352

2. Principal Place of Business

3. Mailing Address

P.O. Box 451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

Zip

Country

Zip

Country

34656

4. FEI Number

59-3361612

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

MELLERUN, DENISE  
8324 CORPORATE WAY  
NEW PORT RICHEY FL 34653

Name

Mellerup, Denise

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

*D. S. Mellerup, V.P.*

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

(NOTE: Registered Agent signature required when reinstating)

1/20/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MELLERUP, DENISE J	
STREET ADDRESS	PO BOX 352	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELLERUP, MARK S	
STREET ADDRESS	PO BOX 352	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
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	V/SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Mellerup, Denise	
STREET ADDRESS	10534 Rabbit Dr.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Mellerup, Mark	
STREET ADDRESS	10534 Rabbit Dr.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*D. S. Mellerup, V.P.*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 (727) 845-0117

Date

Daytime Phone #