

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90853 042 \*\*\*150.00

**DOCUMENT # P96000048745**

1. Entity Name

**DONN RICHARDS SALONS, INC.**

Principal Place of Business

Mailing Address

**730 SAND LAKE RD. STE. 164  
 ORLANDO FL 32809**

**730 SAND LAKE RD. STE. 164  
 ORLANDO FL 32809-7747**

2. Principal Place of Business

**730 SAND LAKE RD.**

3. Mailing Address

**730 SAND LAKE RD**

Suite, Apt. #, etc.

**SUITE 164**

Suite, Apt. #, etc.

**SUITE 164**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32809**

Country

**USA**

Zip

**32809**

Country

**USA**

4. FEI Number

**59-3383951**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BEAM, DONN R  
 1403 E. PINE ST  
 ORLANDO FL 32801**

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, 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** ☐ Delete  
 NAME **BEAM, DONN R**  
 STREET ADDRESS **E. PINE ST**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **PD  
 BEAM, DONN**  
 STREET ADDRESS **1403 E. PINE ST**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32801**

TITLE ☐ Change ☒ Addition  
 NAME **VP  
 BEAM, RICHARD L.**  
 STREET ADDRESS **613 MURFIELD CT.**  
 CITY-ST-ZIP **FULLERTON, CALIFORNIA 92835**

TITLE ☐ Change ☒ Addition  
 NAME **TREASURER  
 BEAM, DOROTHY I.**  
 STREET ADDRESS **613 MURFIELD CT.**  
 CITY-ST-ZIP **FULLERTON, CALIFORNIA 92835**

TITLE ☐ Change ☒ Addition  
 NAME **SECRETARY  
 CAREN JEWEL**  
 STREET ADDRESS **5301 KALMIA DR**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32807**

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

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-28-00**

Daytime Phone #

**(407) 856-0334**

CR2E034 (9/99)