

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056739

1. Entity Name

D & P MANAGEMENT INVESTMENTS, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90137 041 ***150.00

Principal Place of Business

964 HWY 441 SE
OKEECHOBEE FL 34974

Mailing Address

964 HWY 441 SE
OKEECHOBEE FL 34974-7423

2. Principal Place of Business

127 Dolphin Pointe Road
Suite, Apt. #, etc.

3. Mailing Address

127 Dolphin Pointe Road
Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Niceville, FL

4. FEI Number

65-0682008

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

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

ORY, DON
964 HWY 441 SE
OKEECHOBEE FL 34974

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ORY, DON	
STREET ADDRESS	1240 SW 23RD ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORY, PATTIE	
STREET ADDRESS	1240 SE 23RD ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
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		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORY, DON	
STREET ADDRESS	127 Dolphin Pointe Road	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORY, PATTI	
STREET ADDRESS	127 Dolphin Pointe Road	
CITY-ST-ZIP	Niceville, FL 32578	
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:

Pattie Ory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/00
Date

850-729-9933
Daytime Phone #