

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90071 042 ***150.00

DOCUMENT # P96000100004

1. Entity Name

DOWLING PARK CORPORATION

Principal Place of Business

**10435 CR 136
LIVE OAK FL 32060**

Mailing Address

**P O BOX 4781
DOWLING PARK FL 32064-1508
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4118903**

Applied For

Not Applied

Zip

Country

Zip

Country

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

**NICKERSON, CHELLE
10435 CR 136
LIVE OAK FL 32060**

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	PST	<input type="checkbox"/> Delete
NAME	NICKERSON, W. C	
STREET ADDRESS	10435 CR 136	
CITY-ST-ZIP	LIVE OAK FL 32060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	NICKERSON, CHELLE M	
STREET ADDRESS	10435 CR 136	
CITY-ST-ZIP	LIVE OAK FL 32060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NICKERSON, ANNA B	
STREET ADDRESS	10435 CR 136	
CITY-ST-ZIP	LIVE OAK FL 32060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Chelle M. Nickerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 904-658-3345