

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004726

1. Entity Name

DU BARRY PLANTATION, INC.

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90082 039 \*\*\*150.00

Principal Place of Business

Mailing Address

2900 EAST OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE FL 33306

2900 EAST OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE FL 33306-1804

2. Principal Place of Business

1091 S. UNIVERSITY DR.

3. Mailing Address

1091 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FLORIDA

City & State

PLANTATION FLORIDA

4. FEI Number

65-0756661

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAUTTER, C. CHRISTIAN ESQ.

2900 EAST OAKLAND PARK BLVD., SUITE 200  
FT. LAUDERDALE FL 33306

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  
NAME SHAM, SALLY  
STREET ADDRESS 2900 EAST OAKLAND PARK BLVD., SUITE 200  
CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete

TITLE D  
NAME SHAM, DAVID  
STREET ADDRESS 2900 EAST OAKLAND PARK BLVD., SUITE 200  
CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME SHAM, SALLY  
STREET ADDRESS 1091 S. UNIVERSITY DR.  
CITY-ST-ZIP PLANTATION FL. 33324

TITLE D ☒ Change ☐ Addition  
NAME SHAM, DAVID  
STREET ADDRESS 1091 S. UNIVERSITY DR.  
CITY-ST-ZIP PLANTATION FL. 33324

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

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

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:

*DAVID SHAM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #