

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
 04-11-2001 90137 022 \*\*\*150.00

0066894

**DOCUMENT # P97000017894**

1. Entity Name

**D.A.J. GUANI INVESTORS, INC.**

Principal Place of Business

**1031 W MORSE BLVD.  
 SUITE 270 160  
 WINTER PARK FL 32789**

Mailing Address

**1031 W MORSE BLVD.  
 SUITE 270 160  
 WINTER PARK FL 32789**

2. Principal Place of Business

Suite, Apt. #, etc.  
**Suite 160**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 160**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3440567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**C0045480**



6. Name and Address of Current Registered Agent

**HADLEY, RALPH V III  
 1031 W. MORSE BLVD.  
 SUITE 270 160  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite 160**

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

**Ralph V. Hadley, III - Registered Agent**

(NOTE: Registered Agent signature required when reinstating)

DATE

**April 5, 2001**

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, 2001 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 **PD** ☐ Delete  
 NAME **GUANI, FILIPPO**  
 STREET ADDRESS **1031 W MORSE BLVD. STE 270 160**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Suite 160**  
 STREET ADDRESS **Suite 160**  
 CITY-ST-ZIP **Suite 160**

TITLE ☐ Change ☒ Addition  
 NAME **Vice President**  
 NAME **Allan E. Keen**  
 STREET ADDRESS **1031 W. Morse Blvd., Suite 325**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
 NAME **[REDACTED]**  
 STREET ADDRESS **[REDACTED]**  
 CITY-ST-ZIP **[REDACTED]**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Allan E. Keen - Vice President**

**April 5, 2001**

Date

**407-645-4400**

Daytime Phone #

CR2E034 (10/00)