

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021896

1. Entity Name

DIXIE BUSINESS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90316 008 ***158.75

Principal Place of Business

Mailing Address

5264 BOCA MARINA CIR SOUTH
 BOCA RATON FL 33487

5264 BOCA MARINA CIR SOUTH
 BOCA RATON FL 33487-5247

2. Principal Place of Business

982 McCLEARY ST

3. Mailing Address

982 McCLEARY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0743280

Applied For

Not Applicable

Zip

Country

33483 PALM BEACH

Zip

Country

33483 PALM BEACH

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

SPERBER, KENNETH

5264 BOCA MARINA CIRCLE SOUTH
 BOCA RATON FL 33487

Name

KENNETH SPERBER

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

982 McCLEARY ST.

City

DELRAY BEACH

FL

Zip Code

33483

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

Kenneth Sperber KENNETH SPERBER, PRES

4/27/00

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 ☐ Delete
 NAME D
 STREET ADDRESS SPERBER, KENNETH
 CITY-ST-ZIP 5264 BOCA MARINA CIRCLE S
 BOCA RATON FL 33487

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS SPERBER, KENNETH
 CITY-ST-ZIP 982 McCLEARY ST.
 DELRAY BEACH, FL 33483

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Kenneth Sperber KENNETH SPERBER, PRES 4/27/00 (561) 445-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)