

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90297 003 ***150.00

DOCUMENT # P97000059233

1. Entity Name
DARVANHALL INC.

R

Principal Place of Business
COACH & HORSES BRITISH PUB
4921 CORTEZ RD W
BRADENTON FL 34210
US

Mailing Address
4921 CORTEZ RD W
BRADENTON FL 34210-2806



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4168087

Applied For
Not Applicable

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

GULF TAX INC
6313 96TH ST E
BRADENTON FL 34210

6313 96TH ST E
BRADENTON FL 34210

6313 96TH ST E
BRADENTON FL 34210

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	VD	<input type="checkbox"/> Delete
NAME	VANDER VELL, MARTIN C	
STREET ADDRESS	6860 GULFPORT BLVD SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL 33707-2108	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRIAN LIGHT - GULF TAX INC	
STREET ADDRESS	6860 GULFPORT BLVD STE 900	
CITY-ST-ZIP	ST. PETERSBURG FL 33707-2108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRIEST, JOHN W	
STREET ADDRESS	120 LITTLE WEKIVA COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIEST, ROSALIE F	
STREET ADDRESS	120 LITTLE WEKIVA COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	RA	<input type="checkbox"/> Delete
NAME	DARE, BARRY	
STREET ADDRESS	6313 96TH ST E	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
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		
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 other than the one shown.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)