

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090650

1. Entity Name

DANCLIFFE ENTERPRISES, INC.  
c/o CLIFFORD S. ORR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -3 PM 12:28

Principal Place of Business

Mailing Address

158 MAIN STREET  
PENN YAN, NY 14527

2. Principal Place of Business

2801 EAST HILLSBOROUGH

Suite, Apt. #, etc.

3. Mailing Address

158 MAIN STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

Zip

Country

USA

City & State

PENN YAN, NY

Zip

14527

Country

USA

4. FEI Number

59-3475742

Applied For

Not Applicable

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

SCHROEDER AND LAROCHE, P.A.  
ONE BOCA PLACE  
SUITE 319  
BOCA RATON, FL 33431-7313

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CLIFFORD S. ORR  
158 MAIN STREET  
PENN YAN, NY 14527

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)