

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006603

1. Entity Name

DINNER LAKE MANOR, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90092 009 ***150.00

Principal Place of Business

704 HAWAIIAN DRIVE
WAUCHULA FL 33873

Mailing Address

P.O. BOX 789
WAUCHULA FL 33873-0789

2. Principal Place of Business

201 Celebration Blvd.
Suite, Apt. #, etc.

3. Mailing Address

201 Celebration Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Celebration, FL
Zip 34747 Country U.S.A.

City & State

Celebration, FL
Zip 34747 Country U.S.A.

4. FEI Number

NOT APPLICABLE

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

BOSWELL, SHANNON
704 HAWAIIAN DRIVE
WAUCHULA FL 33873

Name

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

201 Celebration Blvd.
City Celebration FL Zip Code 34747

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	SVD	<input type="checkbox"/> Delete
NAME	BOSWELL, SHANNON	
STREET ADDRESS	704 HAWAIIAN DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOSWELL, CARRIE C	
STREET ADDRESS	704 HAWAIIAN DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 Celebration Blvd.	
STREET ADDRESS	Celebration, FL 34747	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 Celebration Blvd.	
STREET ADDRESS	Celebration, FL 34747	
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, with all other like empowered.

SIGNATURE:

Shannon Boswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)