

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062563

1. Entity Name

DUTCH ONE OF MARCO, INC.

Principal Place of Business

Mailing Address:

247 NORTH COLLIER BLVD. SUITE 202
MARCO ISLAND FL 34145

247 NORTH COLLIER BLVD. SUITE 202
MARCO ISLAND FL 34145-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0858110

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

MORRIS, WILLIAM G
247 NORTH COLLIER BLVD, SUITE 202
MARCO ISLAND FL 34145

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 D
NAME LESPERANCE, ANGELA E.
STREET ADDRESS 928 N COLLIER BLVD 1094 Ruppert Rd.
CITY-ST-ZIP MARCO ISLAND FL 34145

☐ Delete

TITLE D
NAME OYER, STEVEN
STREET ADDRESS 928 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL 34145

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE LESPERANCE Angela E.
NAME 1094 Ruppert Rd.
STREET ADDRESS
CITY-ST-ZIP Marco Island FL 34145

☒ Change ☐ Addition

Address change
only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

Angela E. Lesperance 01/28/00 941-394-1292
941-860-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 9/99