

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000258

1. Entity Name

DGR MANAGEMENT, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90002 006 ***150.00

Principal Place of Business 911 CHESTNUT STREET CLEARWATER FL 33756	Mailing Address P.O. BOX 823497 PEMBROKE PINES FL 33082-3497
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1299 SW 159th Terr Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Pembroke Pines	City & State
Zip FL	Country DEVELOPED

4. FEI Number 65-0883111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LITTLE, MICHAEL G 911 CHESTNUT STREET CLEARWATER FL 33756

7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME DONNA G. ROTH	
STREET ADDRESS 1299 SW 159th Terr	
CITY-ST-ZIP PEMBROKE PINES FL 33082	
TITLE V. PRESIDENT	<input type="checkbox"/> Delete
NAME RICHARD C. ROTH	
STREET ADDRESS 1299 SW 159th Terr	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
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 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	
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: *Donna Roth* **Donna Roth** Date: 4/22/00 Daytime Phone #: 954-443-4611

CR2E034 (9/99)