

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000014253**

1. Entity Name

DENNIS STREET PARTNERS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90364 042 ***150.00

Principal Place of Business

**305 PABLO RD
PONTE VEDRA BEACH FL 32082**

Mailing Address

**305 PABLO RD
PONTE VEDRA BEACH FL 32082**

00033303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3567152**

Added 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

**PRATT, DENNIS L
10450 SAN JOSE BLVD
JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number's Not Acceptable)

City

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 remaining)

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, 2001 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 :

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KIMBALL, KEITH B 1702 RIVER RD JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KIMBALL, JOYCE 1702 RIVER RD JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CURINGTON, JOHN W 305 PABLO RD PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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

4/20/01

904 398-9649

CR2E034 (10/00)