

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91686 030 \*\*\*150.00

**DOCUMENT # P99000026526**

**1. Entity Name**  
**DOT RICHARDSON ENTERPRISES, INC.**

**Principal Place of Business**

**8306 PURCELL DRIVE**  
**ORLANDO FL 32825**

**Mailing Address**

**8306 PURCELL DRIVE**  
**ORLANDO FL 32825**

**2. Principal Place of Business**

**1075 W. Lakeshore Drive**

**3. Mailing Address**

**1075 W. Lakeshore Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Clermont, FL**

**City & State**  
**Clermont, FL**

**4. FEI Number** **91-1961204**

**Applied For**  
**Not Applicable**

**Zip**  
**34711**

**Country**  
**USA**

**Zip**  
**34711**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCCARTHY, THOMAS P**  
**8306 PURCELL DRIVE**  
**ORLANDO FL 32825**

**7. Name and Address of New Registered Agent**

**Name**  
**Dorothy G. Richardson**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1075 W. Lakeshore Drive**  
**City**  
**Clermont** **FL** **Zip Code**  
**34711**

**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** *Dorothy G. Richardson* **4/25/02**  
Signature, typed or printed name of registered agent and the corporation. (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **RICHARDSON, DOROTHY G**  
**STREET ADDRESS** **8306 PURCELL DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32825**

**TITLE** **D** ☐ Delete  
**NAME** **MCCARTHY, THOMAS P**  
**STREET ADDRESS** **5299 DTC BLVD. STE. 750**  
**CITY-ST-ZIP** **ENGLEWOOD CO 80111**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Richardson, Dorothy G.**  
**STREET ADDRESS** **1075 W. Lakeshore Drive**  
**CITY-ST-ZIP** **Clermont, FL 34711**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **McCarthy, Thomas P.**  
**STREET ADDRESS** **385 Inverness Drive South, Suite 370**  
**CITY-ST-ZIP** **Englewood, CO 80112**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)