

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048151

1. Entity Name
D. L. FLORAND COMPANY

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90053 034 ***150.00

Principal Place of Business
2033 MAIN ST., SUITE 101
SARASOTA FL 34237

Mailing Address
8971 MISTY CREEK DR.
SARASOTA FL 34241-9568

00001717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
HAMILTON HEIGHTS APTS
Suite, Apt. #, etc. BARBARA DR

3. Mailing Address
8971 MISTY CREEK DR
Suite, Apt. #, etc.

City & State
VENICE, FL

City & State
SARASOTA, FL

4. FEI Number
☒ Applied For
☐ Not Applicable

Zip
34293
Country
SARASOTA

Zip
34241
Country
SARASOTA

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

6. Name and Address of Current Registered Agent
PFLUGNER, J. GEOFFREY
2033 MAIN ST., SUITE 101
SARASOTA FL 34237

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 *[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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FLORAND, DAVID L 2033 MAIN ST., SUITE 101 SARASOTA FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FLORAND, PEARL F 2033 MAIN ST., SUITE 101 SARASOTA FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PFLUGNER, J. GEOFFREY 2033 MAIN ST., SUITE 101 SARASOTA FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #