

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90142 012 ***150.00

DOCUMENT # P99000050648

1. Entity Name

DADE PLANTAION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12645 MORNING DRIVE

Suite, Apt. #, etc.

3. Mailing Address

12645 MORNING DRIVE

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip

33523

Country

City & State

DADE CITY, FL

Zip

33523

Country

4. FEI Number

59-3589615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS P. MCALVANAH

Street Address (P.O. Box Number is Not Acceptable)

5739 GALL BLVD

City

ZEPHYRHILLS

FL

Zip Code
33541

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ROARK, DEBBIE
19 LAKEVIEW COURT
ALEDO TX 76008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROARK, DEBBIE
19 LAKEVIEW COURT
ALEDO TX 76008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEXSON, GAYLE LEONA
13091 HILLSIDE DRIVE
CATO NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRBY, KAREN ANNETTE
32 PETERS STREET
ORONO ME 04473

TITLE
NAME
STREET ADDRESS
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Debbie Roark*

DEBBIE ROARK
PRESIDENT

Date

352 523-1922

Daytime Phone #

CR2E034B (12/02)