

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070292

1. Entity Name

DST FAMILY INCORPORATED

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90061 018 \*\*\*150.00

Principal Place of Business

Mailing Address

2036 SCRANTON AVE.  
 ORLANDO FL 32826

2036 SCRANTON AVE.  
 ORLANDO FL 32826-3823

2. Principal Place of Business

3. Mailing Address

*BRISTOWATER Pk*

*13180 E. Colonial Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite A1*

City & State

City & State

*ORLANDO FL*

*FL*

Zip

Country

Zip

Country

*32826*

*ORANGE*

4. FEI Number

*99-3603949*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

TURNER, DEBORAH  
 2036 SCRANTON AVE.  
 ORLANDO FL 32826

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, 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

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	TURNER, DEBORAH	
STREET ADDRESS	2036 SCRANTON AVE.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Deborah Turner* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)