

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075103

1. Entity Name
DARTMOUTH PARTNERS, INC.

Principal Place of Business Mailing Address
% PHYTRUST, LTD., 1204 N. UNIVERSITY DR. % PHYTRUST, LTD., 1204 N. UNIVERSITY DR.
PLANTATION FL 33322 PLANTATION FL 33322

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0945864 Applied For
Not Applicable

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

NATKOW, NEIL A
% PHYTRUST, LTD., 1204 N. UNIVERSITY DR.
PLANTATION FL 33322

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, 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 11

TITLE DPC
NAME NATKOW, NEIL A
STREET ADDRESS 1204 N UNIVERSITY DRIVE
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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

TITLE DVST
NAME COLLINS, KEITH
STREET ADDRESS 1204 N UNIVERSITY DRIVE
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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

TITLE COO
NAME BERMAN, NEIL
STREET ADDRESS 1204 N UNIVERSITY DRIVE
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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

TITLE VP
NAME BUTLER, KATHY
STREET ADDRESS 1204 N UNIVERSITY DRIVE
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE V
NAME (Title change only
STREET ADDRESS for Butler, Kathy)
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is 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: *Neil A Natkow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/7/01 Daytime Phone # 954-470-0707

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90505 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)