

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076208

1. Entity Name

YOUTH INVESTMENTS OF PLANTATION DAIRY QUEEN, INC

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

01-14-2000 90062 010 ***158.75

Principal Place of Business

1007-A SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

Mailing Address

1007-A SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324-3321

2. Principal Place of Business

3. Mailing Address

1121 NW 115 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Plantation, FL

4. FEI Number

65-0947648

Applied For

Not Applicable

Zip

Country

Zip

Country

33323

USA

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

MILLARD, DOUGLAS S
1007-A SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324

Name

Millard, Douglas S.

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

1121 NW 115 Avenue

City

plantation

FL

Zip Code

33323

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLARD, DOUGLAS
1121 NORTHWEST 115TH AVE.
PLANTATION FL 33323 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLARD, BONNIE L
1121 NORTHWEST 115TH AVE.
PLANTATION FL 33323 ☐ Delete

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

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TITLE
NAME
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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)(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 #

1/7/2000