

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04204

1. Entity Name

DUGMORE & DUNCAN OF FLORIDA, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90073 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3629 REYNOLDS ROAD  
LAKELAND FL 33803  
US

3629 REYNOLDS ROAD  
LAKELAND FL 33803-8333  
US

2. Principal Place of Business

3. Mailing Address

30 Pond Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Hingham, MA

4. FEI Number

06-1305733

Applied For

Not Applicable

Zip

Country

Zip

02043

Country

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

LAVOIE, EUGENE  
3493 DIAMOND TERRACE  
MULBERRY FL 33960

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 DP ☐ Delete  
NAME CULLUM, CHARLES W. III  
STREET ADDRESS 563 PEGOTY BEACH ROAD  
CITY-ST-ZIP SCITUATE MA

TITLE DP ☐ Change ☐ Addition  
NAME Cullum, Charles W. III  
STREET ADDRESS 56 Peggotty Beach Road  
CITY-ST-ZIP Scituate, MA 02066

TITLE VPSD ☐ Delete  
NAME CULLUM, ROBERT R.  
STREET ADDRESS 53 SHERYLES WAY  
CITY-ST-ZIP MARSTONS MILLS MA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Cullum  
VP & Secretary

18 January 2000

Date

781-740-1101

Daytime Phone # 1131

CR2E034 (9/99)