

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41257

1. Entity Name

DART CONTAINER CORPORATION OF FLORIDA

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90128 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1952 FIELD ROAD  
SARASOTA FL 34231

1952 FIELD ROAD  
SARASOTA FL 34231-2311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0336591

Applied For  
Not Applicable

Zip  
34231-2315

Country

Zip  
34231-2315

Country

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

DART, WILLIAM A.  
1952 FIELD ROAD  
SARASOTA FL 34231

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  
NAME DART, CLAIRE T. ☐ Delete  
STREET ADDRESS 1952 FIELD RD  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE  
NAME CPSD ☐ Delete  
STREET ADDRESS DART, WILLIAM A.  
CITY-ST-ZIP 1952 FIELD RD  
SARASOTA FL 34231

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

TITLE  
NAME AS ☐ Delete  
STREET ADDRESS WILLIAMS, JOANNE E  
CITY-ST-ZIP 500 HOGSBACK RD  
MASON MI 48854

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

TITLE  
NAME T ☐ Delete  
STREET ADDRESS MYERS, WILLIAM L.  
CITY-ST-ZIP 500 HOGSBACK RD  
MASON MI 48854

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*William L. Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

(517) 676-3800

Date

Daytime Phone #