

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90044 013 ****61.25

DOCUMENT # N93000002313

1. Entity Name

FLORIDA DLC, INC.

Principal Place of Business

Mailing Address

**115 TRADER'S ALLEY
 LAKELAND FL 33801**

**501 EAST TENNESSEE STREET
 SUITE A
 TALLAHASSEE FL 32308-4906
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3222447

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRIZZARD, ROBERT ESQUIRE
 115 TRADERS ALLEY
 LAKELAND FL 33801**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MILLS, JON**
 STREET ADDRESS **1215 NW 23RD TERR.**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD LANGTON, MICHAEL**
 STREET ADDRESS **4244 ST. JOHNS AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD GRIZZARD, ROBERT**
 STREET ADDRESS **115 TRADER'S ALLEY**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD EDENFILED, MARTHA**
 STREET ADDRESS **216 SO. MONROE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
 NAME **Martha Edenfield**
 STREET ADDRESS **215 South Monroe Street, 2nd floor**
 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARtha EDENFIELD* MARTHA J. EDENFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

850-222-3533

CR2E037 (9/99)