

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90061 031 ***150.00

DOCUMENT # 469553

1. Entity Name:
DLIC, INC.

Principal Place of Business
8014 SW 135TH ST. RD.
OCALA FL 34473
US

Mailing Address
8014 SW 135TH ST. RD.
SUITE 700
OCALA FL 34473
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1637468**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUMMERHELM, SHARON J
999 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Beth FISHER (F/K/A Smith)**
 Street Address (P.O. Box Number is Not Acceptable) **8014 SW 135 Street Road**
 City **OCALA** FL Zip Code **34473**

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

SHARON HUMMERHELM, Registered Agent

DATE

11/1/01

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

TITLE **PD**
 NAME **GRAM, ANTONY**
 STREET ADDRESS **8014 SW 135TH ST. RD.**
 CITY-ST-ZIP **OCALA FL 34473**

☐ Delete

TITLE **TD**
 NAME **MCNELLY, DONALD**
 STREET ADDRESS **8014 SW 135TH ST. RD.**
 CITY-ST-ZIP **OCALA FL 34473**

☐ Delete

TITLE **SD**
 NAME **SMITH, BETH**
 STREET ADDRESS **8014 SW 135TH ST. RD.**
 CITY-ST-ZIP **OCALA FL 34473**

☐ Delete

TITLE **V**
 NAME **ARUNSKI, ROBERT W**
 STREET ADDRESS **8014 SW 135 ST RD**
 CITY-ST-ZIP **OCALA FL 34473**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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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

SHARON HUMMERHELM 11/01

305-579-0999

BETH FISHER 11/01

352-307-8100

CR2E034 (10/00)