

2001 UNIFORM BUSINESS REPORT (UBR)

0010594 AF

DOCUMENT # A00000000771

1. Entity Name

SNOOP DEVELOPMENT, LTD.

Principal Place of Business

549 POPE AVENUE N.W.
WINTER HAVEN FL 33883

Mailing Address

P.O. BOX 7530
WINTER HAVEN FL 33883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3648404

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L ESQ.
C/O CLARK & CAMPBELL, P.A.
4740 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

MARK E. Schreiber

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

549 POPE AVE. N.W.

City

Winter Haven

FL

Zip Code

33881

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)

6/20/01

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000072308
NAME DGCF II, INC.
STREET ADDRESS 549 POPE AVENUE
CITY-ST-ZIP WINTER HAVEN FL 33883

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004469325--2

07/11/01 01053 012

***541.25 ***541.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature

6/20/01

863-291-023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARK E. Schreiber For DGCF II, INC.

Date

Daytime Phone #

CR2E003 (11/00)

FILED
01 JUN 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE