

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016726 AF

DOCUMENT # A97000001348

1. Entity Name

DFS OF NORTHWEST FLORIDA, LTD.

FILED

01 APR 18 PM 12:15

Principal Place of Business

985 ROYCE STREET  
PENSACOLA FL 32503

Mailing Address

985 ROYCE STREET  
PENSACOLA FL 32503

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3459895

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

SLAUGHTER, DERREL F  
985 ROYCE STREET  
PENSACOLA FL 32503

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

*Derrel F. Slaughter*

3-30-01

DATE

9. Capital Contributions as Shown on record.

\$1,250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME SLAUGHTER, DERRELL F TRUSTEE  
STREET ADDRESS 985 ROYCE STREET  
CITY-ST-ZIP PENSACOLA FL 32503

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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STREET ADDRESS

CITY-ST-ZIP

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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:

*Derrel F. Slaughter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-30-01

Date

850

477-4704

Daytime Phone #

CR2E003 (11/00)