

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002096

1. Entity Name  
DGFP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business  
1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751

Mailing Address  
1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751-7119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
474 S. NORTH LAKE BLVD  
Suite, Apt. #, etc.  
SUITE 1020

3. Mailing Address  
474 S. NORTH LAKE BLVD  
Suite, Apt. #, etc.  
SUITE 1020

City & State  
Altamonte Springs, FL

City & State  
Altamonte Springs FL

Zip  
32701

Country

Zip  
32701

Country

4. FEI Number 59-3473078

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM BUILDING  
25 SOUTHEAST 2ND AVENUE  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000083225	STREET ADDRESS	474 S. NORTH LAKE BLVD, SUITE 1020
NAME	CDG, INC.	CITY - ST - ZIP	Altamonte Springs, FL 32701
STREET ADDRESS	1101 NORTH LAKE DESTINY DRIVE, SUITE 400		
CITY - ST - ZIP	MAITLAND FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00

Date

(321) 202-7000

Daytime Phone #

CR2E003 (9/99)