

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001959

1. Entity Name
DONNA L. GRIFFITH FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 5:33

Principal Place of Business
% ANTHONY DE MEO
2400 E. COMMERCIAL BLVD., SUITE 517
FORT LAUDERDALE FL 33308

Mailing Address
% ANTHONY DE MEO
2400 E. COMMERCIAL BLVD., SUITE 517
FORT LAUDERDALE FL 33308-4026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0858531

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINKLEY, W. MICHAEL ESQ.
% BRINKLEY, MCNERNEY, MORGAN, SOLOMAN
200 E. LAS OLAS BLVD., SUITE 1800
FORT LAUDERDALE FL 33301

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. \$2,500,000.00

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 # P97000081099
NAME DLG, INC.
STREET ADDRESS 2400 E. COMMERCIAL BLVD., SUITE 517
CITY - ST - ZIP FORT LAUDERDALE FL 33308

STREET ADDRESS
CITY - ST - ZIP
8888883217808-1
-04/20/00-01115-011
****526.25 ****526.25

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-00 954-351-9800
Date Daytime Phone #