

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90085 009 ***150.00

0599250

DOCUMENT # K67041

1. Entity Name

DLR GROUP INC.

Principal Place of Business

**400 ESSEX COURT
 REGENCY PARKWAY
 OMAHA NE 68114-3778**

Mailing Address

**400 ESSEX COURT
 REGENCY PARKWAY
 OMAHA NE 68114-3778**

2. Principal Place of Business

601 W. Swann Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL 33606-2727

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0708506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DPT** ☐ Delete
 NAME **MERADITH, STAN**
 STREET ADDRESS **601 W SWANN AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **DVS** ☒ Delete
 NAME **ROUBAL, JAMES P.**
 STREET ADDRESS **601 W SWANN AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☐ Delete
 NAME **HAINES, JOE**
 STREET ADDRESS **601 W SWANN AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ Delete
 NAME **CARLSON, ROBERT J**
 STREET ADDRESS **601 W SWANN AVE**
 CITY-ST-ZIP **TAMPA FL 33606-2727**

TITLE **C** ☒ Delete
 NAME **ROUBAL, JAMES P.**
 STREET ADDRESS **601 W SWANN AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ Delete
 NAME **CONLEY, JAMES R**
 STREET ADDRESS **601 W SWANN AVE**
 CITY-ST-ZIP **TAMPA FL 33606-2727**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/V/S/** ☐ Change ☒ Addition
 NAME **Pearsall, Bryce D.**
 STREET ADDRESS **2141 E. Camelback Rd., #100**
 CITY-ST-ZIP **Phoenix, AZ 85016-4712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **Suarez, Manuel J.**
 STREET ADDRESS **2301 Maitland Center Pkwy, #100**
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE **V** ☐ Change ☒ Addition
 NAME **LeBoeuf, Michael E.**
 STREET ADDRESS **2301 Maitland Center Pkwy, #100**
 CITY-ST-ZIP **Maitland, FL 32751**

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:

Joseph F. Haines

Joseph F. Haines, Director

4/18/01

(402)-393-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)