

2001 UNIFORM BUSINESS REPORT (UBR)

0032554 SP

DOCUMENT # L00000002446

1. Entity Name
DEALIN DOCKS, LLC

FILED

01 FEB 28 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 NORTH FRANKLIN STREET, 22ND FLOOR
TAMPA FL 33602

Mailing Address
201 NORTH FRANKLIN STREET, 22ND FLOOR
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Fred S. Ridley
Suite, Apt. #, etc.
100 N. Tampa St., Suite 2700

3. Mailing Address
c/o Fred S. Ridley
Suite, Apt. #, etc.
100 N. Tampa St., Suite 2700

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33602

Country
USA

4. FEI Number
59-3689045

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANNIS, MICHAEL D
201 NORTH FRANKLIN STREET, 22ND FLOOR
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Fred S. Ridley

Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa St., Suite 2700

Suite 2700

City
Tampa

FL Zip Code
33602

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]* DATE 2-21-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael D. Annis 100 N. Tampa St., Suite 2700 Tampa, Florida 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Fred S. Ridley 100 N. Tampa St., Suite 2700 Tampa, Florida 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joseph D. Edwards 201 N. Franklin St., Suite 2200 Tampa, Florida 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Fred S. Ridley, Manager Date 2/21/01 813/229-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)