

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031945 SP

DOCUMENT # L00000003520

1. Entity Name  
DAMP FAMILY, L.C.

FILED

01 JAN 25 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
149-P S. RIDGEWOOD AVENUE, SUITE 710  
DAYTONA BEACH FL 32114

Mailing Address  
149-P S. RIDGEWOOD AVENUE, SUITE 710  
DAYTONA BEACH FL 32114

2. Principal Place of Business  
P.O. Box 2119

3. Mailing Address  
P.O. Box 2119

Suite, Apt. #, etc.

City & State  
DAYTONA Beach, FL

City & State  
DAYTONA Beach, FL

Zip  
32115-2119

Country  
USA

Zip  
32115-2119

Country  
USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H  
149-P S. RIDGEWOOD AVENUE, SUITE 710  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name  
Allen Belus

Street Address (P.O. Box Number is Not Acceptable)  
435 S. Ridgewood Ave

City  
DAYTONA Beach FL Zip Code  
32115-2119

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 *Allen Belus* DATE 1/23/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGER
STREET ADDRESS	ALLEN BELUS
CITY-ST-ZIP	P.O. Box 2119 DAYTONA Beach FL 32115-2119
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANAGER
STREET ADDRESS	PATRICIA BELUS
CITY-ST-ZIP	P.O. Box 2119 DAYTONA Beach, FL 32115-2119
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: *Allen Belus* DATE 1/23/01 904-255-5454

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

CR2E083 (11/00)