

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005170 AF

DOCUMENT # **L00000004789**

1. Entity Name  
**DBK, LLC**

FILED

01 APR 25 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**284 PARK AVENUE NORTH  
WINTER PARK FL 32789**

Mailing Address  
**284 PARK AVENUE NORTH  
WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**284 Park Avenue North**

3. Mailing Address

**284 Park Avenue North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite A**

**Suite A**

City & State

City & State

**Winter Park, FL**

**Winter Park, FL**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

**32789**

**32789**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADLEY, RALPH V III  
1031 WEST MORSE BOULEVARD  
SUITE 160  
WINTER PARK FL 32789**

Name **ROBERT L. UNDERWOOD**

Street Address (P.O. Box Number is Not Acceptable)

**537 East Park Avenue**

City **Tallahassee**

**FL**

Zip Code

**32301**

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]*

**Robert L. Underwood, President of  
Benchwarmers GP, Inc., Manager**

**4/20/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**1000004164318--2  
-05/09/01--01022--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>MANAGER BENCHWARMERS GP, INC. 537 East Park Avenue Tallahassee, Florida 32301</b>	

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]* **Robert L. Underwood, President of  
Benchwarmers GP, Inc., Manager 4/20/01 800-686-1615**

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

Date

Daytime Phone #

CR2E083 (11/00)