

2001 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

Suite A

City & State

Winter Park, FL

Zip
32789

Country

3. Mailing Address

284 Park Avenue North

Suite, Apt. #, etc.

Suite A

City & State

Winter Park, FL

Zip

32789

Country

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

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

7. Name and Address of New Registered Agent

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

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
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
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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, 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)

0006170 AF