

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0024714 AF

DOCUMENT # **L00000004932**

1. Entity Name  
**PAUL DAVID FAMILY, L.C.**

01 APR 23 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8410 S.E. 7TH AVENUE ROAD  
OCALA FL 34480**

Mailing Address  
**8410 S.E. 7TH AVENUE ROAD  
OCALA FL 34480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip	Country		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DAVID, PAUL JR.  
8410 S.E. 7TH AVENUE ROAD  
OCALA FL 34480**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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: <b>MGRM</b> NAME: <b>DAVID, PAUL JR.</b> STREET ADDRESS: <b>8410 S.E. 7TH AVENUE ROAD</b> CITY-ST-ZIP: <b>OCALA FL 34480</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>MGRM</b> NAME: <b>DAVID, FRANCES</b> STREET ADDRESS: <b>8410 S.E. 7TH AVENUE ROAD</b> CITY-ST-ZIP: <b>OCALA FL 34480</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**-05/04/01--01091--004**  
**\*\*\*\*\*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: *Frances B. David*  
**REQUIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **4-16-01**  
 Daytime Phone #

CR2E083 (11/00)