

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006466

1. Entity Name

DENCARL ASSOCIATES, LLC

FILED

01 MAY 14 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

550 MAMRONECK AVE
SUITE 404
HARRISON NY 10528

Mailing Address

550 MAMRONECK AVE
SUITE 404
HARRISON NY 10528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH ST W
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

100004418631--9
-06/14/01--01002--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGER - MEMB
NAME BERNARD H. KAYDEN
STREET ADDRESS 10312 SHIPBOARD LANE
CITY-ST-ZIP Boca Raton, FL 33498

TITLE MANAGER
NAME MILDRED KAYDEN
STREET ADDRESS 10312 SHIPBOARD LANE
CITY-ST-ZIP Boca Raton, FL 33498

TITLE MANAGER
NAME SANDRA K. LAMBERT
STREET ADDRESS 2855 WOODLAND DR
CITY-ST-ZIP WASHINGTON DC 20008

TITLE MANAGER - MEMB
NAME JEROLD S. KAYDEN
STREET ADDRESS 11 CLEMENT CIRCLE
CITY-ST-ZIP CAMBRIDGE MASS 02136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/01

Date

Daytime Phone #

CR2E083 (11/00)