

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006911

1. Entity Name  
D.R. INVESTMENTS, LLC

FILED

01 FEB -8 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

% DONALD SCHOEN  
2653 N.W. 63RD STREET  
BOCA RATON FL 33496

Mailing Address

% DONALD SCHOEN  
2653 N.W. 63RD STREET  
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

SCHOEN, DONALD  
2653 N.W. 63RD STREET  
BOCA RATON FL 33496

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE \_\_\_\_\_  
NAME MGRM  
STREET ADDRESS SCHOEN, DONALD  
CITY-ST-ZIP 2653 N.W. 63RD STREET  
BOCA RATON FL 33496 ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition  
8000003677988-4  
-02/13/01--01112--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE \_\_\_\_\_  
NAME MGRM  
STREET ADDRESS SCHULTZ, DAVID  
CITY-ST-ZIP 968 HYACINTH DRIVE  
DELRAY BEACH FL 33483 ☐ Delete

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

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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

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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

2-5-01

Date

561-998-5727

Daytime Phone #

CR2E083 (11/00)