

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0004534

DOCUMENT # L00000006989

1. Entity Name

DAYTONA COMMERCIAL I L.C.

04-07-2002 90067 032 *****50.00

Principal Place of Business

**307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020**

Mailing Address

**307 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020**

B0054708

2. Principal Place of Business

2101 John Anderson
Suite, Apt. #, etc.

3. Mailing Address

2101 John Anderson
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

59-3702843

Applied For

Not Applicable

Zip

32176

County

Volusia

Zip

32176

County

Volusia

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

6. Name and Address of Current Registered Agent

**RAINEY, JOHN A
2101 JOHN ANDERSON DR
ORMOND BEACH FL 32176**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BIRDMAN, HARVEY**
STREET ADDRESS **307 SOUTH 21ST AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **MGR** ☐ Delete
NAME **RAINEY, JOHN A**
STREET ADDRESS **2101 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)