

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009461

1. Entity Name
SAMMONS DNBC, L.L.C.

FILED

01 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4060 VINKEMULDER ROAD
COCONUT CREEK FL 33073

Mailing Address
4060 VINKEMULDER ROAD
COCONUT CREEK FL 33073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 TWELVE OAKS ROAD
Suite, Apt. #, etc.

3. Mailing Address

50 TWELVE OAKS ROAD
Suite, Apt. #, etc.

City & State

SEABROOK, SC

City & State

SEABROOK, S.C.

4. FEI Number

65-1033153

Applied For

Not Applicable

Zip

29940

Country

USA

Zip

29940

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMMONS, WILLIAM C
4060 VINKEMULDER ROAD
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

GREGORY J. RITTER, ESQ.

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

RITTER CHUSID BIVONA & COHEN, LLP

7000 W. PALMETTO PARK RD. #400

City

BOCA RATON,

FL

Zip Code

33433

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

GREGORY J. RITTER

4/24/01

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004221006--6
-05/16/01--01126--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMMONS, WILLIAM C 4060 VINKEMULDER ROAD COCONUT CREEK FL 33073	<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	MGR SAMMONS, WILLIAM C. 50 TWELVE OAKS ROAD SEABROOK, SC 29940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.

SIGNATURE:

GREGORY J. RITTER

4/23/01 843-466-0151

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

Date

Daytime Phone #

CR2E083 (11/00)

0007989 AF