

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005497 AF

DOCUMENT # L00000009619

1. Entity Name

DEWITT MANAGEMENT, LLC

FILED

01 MAR -1 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

14463 W. COLONIAL DRIVE  
WINTER GARDEN FL 34787

Mailing Address

C/O STEPHEN D. DUNEGAN, ESQUIRE  
P.O. BOX 2346  
ORLANDO FL 32802-2346



2. Principal Place of Business

3. Mailing Address

96 Ann Severns

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 770337

City & State

City & State

Winter Garden FL

Zip

Country

Zip

Country

34777-0337 USA

4. FEI Number

59-3664703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

800 NORTH MAGNOLIA AVE., SUITE 1500  
ORLANDO FL 32803

Name

Dale A. DeWitt

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

14463 W Colonial Dr

City

Winter Garden

FL

Zip Code

34787

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

*Dale A. DeWitt*

2-14-01

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 ☐ Delete  
MGRM DEWITT, DALE A  
STREET ADDRESS 14463 W. COLONIAL DRIVE  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DALE A. DEWITT, MANAGING MEMBER

Date

Daytime Phone #

2-14-01 407-656-1799

CR2E083 (11/00)