

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012132

1. Entity Name  
DAVID AND GOLIATH, L.L.C.

Principal Place of Business  
838 MALLARD ROAD  
COCOA FL 32926

Mailing Address  
838 MALLARD ROAD  
COCOA FL 32926

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

59-3668995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, JOHN C  
838 MALLARD ROAD  
COCOA FL 32926

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

7000004419837--5

06/14/01--01059--020

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME John C Richardson  
STREET ADDRESS 838 Mallard Rd  
CITY-ST-ZIP Cocoa, FL 32926 ☐ Delete

TITLE  
NAME Richard V. Hoenes  
STREET ADDRESS 15115 Corrs Mill Rd.  
CITY-ST-ZIP Woodbine, MD 21797 ☐ Delete

TITLE  
NAME Patricia A Hughes  
STREET ADDRESS 1927 Park Rd.  
CITY-ST-ZIP Harrisonburg, VA 22802 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME John C Richardson  
STREET ADDRESS 838 Mallard Rd  
CITY-ST-ZIP Cocoa, FL 32926 ☐ Change ☒ Addition MGRM

TITLE  
NAME Richard V Hoenes  
STREET ADDRESS 15115 Corrs Mill Rd  
CITY-ST-ZIP Woodbine, MD 21797 ☐ Change ☒ Addition MGRM

TITLE  
NAME Patricia A Hughes  
STREET ADDRESS 1927 Park Rd  
CITY-ST-ZIP Harrisonburg, VA 22802 ☐ Change ☒ Addition MGRM

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

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

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:

JOHN C RICHARDSON

4/23/01

321-639-0066

0027893 AF

CR2E083 (11/00)

01 MAY 18 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE