

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90197 014 \*\*\*\*50.00

**DOCUMENT # L00000012254**

1. Entity Name  
**DAVID'S HOSPITALITY, LLC**



Principal Place of Business

**HOTEL RIO BEACH  
843 S. ATLANTIC AVE.  
DAYTONA BEACH FL 32118**

Mailing Address

**400 E COLONIAL DRIVE  
UNIT #1405  
ORLANDO FL 32803  
US**

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 **65-1051144**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SEGEV, ALBERT**

~~220 JOHN ANDERSON DRIVE~~ → **400 E. Colonial Dr. # 1405**  
~~ORMOND BEACH FL 32176~~ → **Orlando, FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME ~~SEGEV, ALBERT~~  
STREET ADDRESS ~~220 JOHN ANDERSON DRIVE~~ →  
CITY-ST-ZIP ~~ORMOND BEACH FL 32176~~

TITLE ☒ Change ☐ Addition  
NAME **SEGEV, Albert**  
STREET ADDRESS **400 E. Colonial Dr. # 1405**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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 #

*1/7/03*

*407-383-4590  
orlando*

CR2E083 (10/02)