

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90208 045 ****50.00

DOCUMENT # L00000012262

1. Entity Name

DALTON SOUTH, LLC

Principal Place of Business

**2840 WEST BAY DRIVE, SUITE 135
BELLEAIR BLUFFS FL 33770**

Mailing Address

**2840 WEST BAY DRIVE, SUITE 135
BELLEAIR BLUFFS FL 33770**

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

59-3685042

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, CHARLES M JR.
101 EAST KENNEDY BOULEVARD, SUITE 2700
TAMPA FL 33601**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **DAGOSTINO, FRANK**
STREET ADDRESS **1751 CHARITY DR.**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE **MGR** ☐ Change ☒ Addition
NAME **PENELLAS BUILDERS 508, INC.**
STREET ADDRESS **PO BOX 152**
CITY-ST-ZIP **LARGO, FL 33779**

TITLE **MGR** ☐ Delete
NAME **SIMON, JODY**
STREET ADDRESS **16603 VILLALENDA DEAVILA**
CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE **MEM** ☒ Delete
NAME **LYONS, ROBERT**
STREET ADDRESS **2006 BEACH TRAIL**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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 #

(800) 581-6452

CR2E083 (9/01)