

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012534

1. Entity Name

**Daytona Ocean Sands, LLC**

Principal Place of Business  
316 N 90th St  
Omaha, NE 68114

Mailing Address  
316 N 90th St  
Omaha, NE 68114

FILED

01 MAY 23 AM 7:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
1024 North Atlantic Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
1024 North Atlantic Avenue  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Daytona Beach, FL

City & State  
Daytona Beach, FL

4. FEI Number

59-3694868

Applied For

Not Applicable

Zip  
32118

Country

Volusia

Zip  
32118

Country

Volusia

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Stephen L. Skipper  
7491 Conroy Windermere Road  
Suite F  
Orlando, FL 32835

7. Name and Address of New Registered Agent

Name  
Waldemar Rucinski

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

1024 North Atlantic Avenue

City  
Daytona Beach

FL

Zip Code  
32118

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

*Waldemar Rucinski*

Waldemar Rucinski

5/21/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Waldemar Rucinski  
316 N 90th St  
Omaha, NE 68114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Waldemar Rucinski  
1024 North Atlantic Avenue  
Daytona Beach, FL 32118 ☒ Change ☐ Addition

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

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

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☐ 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:

*Waldemar Rucinski*

Waldemar Rucinski, Manager

5/21/01 (386)255-1131

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

Date

Daytime Phone

CR2E083 (11/00)