

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013276

1. Entity Name

DAVIS PROFESSIONAL PARTNERS, LLC

Principal Place of Business

2336D WINTER WOODS BOULEVARD  
WINTER PARK FL 32792

Mailing Address

PO BOX 520  
WINTER PARK FL 32790-0520

2. Principal Place of Business

400 North New York Ave

3. Mailing Address

PO Box 520

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

US

Zip

32790

Country

US

4. FEI Number

59-3687802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, W. GRAHAM  
250 S. PARK AVENUE, 5TH FLOOR  
WINTER PARK FL 32789

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

Graham W. White

9-18-01

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
President  
Steven E. Davis  
STREET ADDRESS  
400 North New York Ave, Ste 212  
CITY-ST-ZIP  
Winter Park, FL 32789

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

200004616652--4  
-09/28/01--01059--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

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 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 entity, or the ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*Signature of Steven E. Davis*  
SIGNATURE REQUIRED

9-18-01

407-671-1203

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

Date

Daytime Phone #

0000042

CR2E083 (5/01)

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