## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000014608	provide the terms from	
DELI CLUB ENTERPRISES OF FLORIDA, LLC	FILED	
	01 JAN 22 PM 2:23	
Principal Place of Business Mailing Address .		
3737 PENDLEBURY DRIVE 3737 PENDLEBURY DRIVE PALM HARBOR FL 34685 PALM HARBOR FL 34685	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address 2702 E. Fowler 201 KiVW Kun	#	
Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	
City & State Tampa Flort da City & State Fort Worth tero	4. FEI Number Applied For Not Applicable	
Zip Country Zip Count	y \$ Certificate of Status Desired \$5.00 Additional	
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
	Name Kent Hodge	
JONES, JACK R	Street Address (P.O. Box Number is Not Acceptable)	
3737 PENDLEBURY DRIVE PALM HARBOR FL 34685	1810A H. J. D.L. "	
FALM HARBON PL 34003	City Towle half FL Zip Code 47	
8. The above named entity submits this statement for the purpose of changing its registere	[ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
A + A + A + A + A + A + A + A + A + A +	1 -18-01	
SIGNATURE Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Relystered	Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$50.00		
Make Check-Payable to	- I	
9. MANAGING MEMBERS/MEMBERS 10.	ADDITIONS/CHANGES	
TITLE CS: dent Delete TITLE		
NAME STREET ADDRESS VIOL RIVEr Hun #306 STREET	Change Addition S	
CITY-ST-ZIP Ft. WOYTH, TX. 76107	ST-ZIP	
TITLE Delete TITLE NAME NAME		
STREET ADDRESS STREE	4000035824347 -01/26/010141014	
	ST-ZIP ************************************	
TITLE Delete · TITLE NAME NAME	Charge C Auditor	
STREET ADDRESS STREE	T ADDRESS ST-ZIP	
TITLE Delete TITLE	· Change Addition	
NAME STREET ADDRESS STREE	ADDRESS	
	ST-ZIP	
TITLE . Delete TITLE NAME	Change Addition	
STREET KOORESS . STREE	T ADDRESS :	
CITY-ST-ZIP         CITY-ITLE           TITLE         Delete         TITLE	ST-ZIP Change Addition	
NAME	- Change - Nothing	
STREET ADDRESS STREE CITY-ST-ZIP CITY-T-ZIP	ADDRESS 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 justee empoyared to execute this report as required by Chapter 608, Florida Statutes.		
Cold May DEN No Actives		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED THAT IS AN ANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptime Phone #		