

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015260**

1. Entity Name  
**DE LUGO PROPERTIES LLC**

**FILED**

01 OCT 31 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1626 SOUTH WEST PINE AVENUE  
OCALA FL 34474

1626 SOUTH WEST PINE AVENUE  
OCALA FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1069405

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DE LUGO, STEVEN A  
1626 SOUTH WEST PINE AVENUE  
OCALA FL 34474

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)

9-17-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to: Department of State  
Due By September 26, 2001

100004676451--9

11/13/01--01051--003

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
OWNER  
Steven delugo  
1626 S. Pine Ave  
Ocala FL 34474

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

TITLE NAME ☐ Delete  
OWNER  
Steven delugo  
1626 S. Pine Ave  
Ocala FL 34474

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

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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**

9-17-01

352-766-6602

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CR2E083 (5/01)

STAPLE CHECK HERE