

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90070 044 \*\*\*\*50.00

**DOCUMENT # L01000003721**

1. Entity Name

**DALTON EAST, 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

**59-3705382**

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 BLVD.  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR  
 DAGOSTINO, FRANK  
 1751 CHARITY DRIVE  
 BRENTWOOD TN 37027**

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR  
 SIMON, JODY  
 16603 VILLENDA DE AVILA  
 TAMPA FL 33613**

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR  
 BDL, LLC  
 PO BOX 152  
 LARGO, FL 33779**

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

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:

~~SIGNATURE REQUIRED~~

**3/27/02**

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

Date

Daytime Phone #

CR2E083 (9/01)