

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90193 015 \*\*\*\*50.00

**DOCUMENT # L02000000181**

1. Entity Name  
**DRV, LLC**



Principal Place of Business

**C/O STEVEN J. RICHEY  
1009 NORTH 14TH ST.  
LEESBURG FL 34749**

Mailing Address

**C/O STEVEN J. RICHEY  
1009 NORTH 14TH ST.  
LEESBURG FL 34749**

**44002036**



2. Principal Place of Business

**c/o Steven J. Richey**

Suite, Apt. #, etc.

**601 South 9th Street**

City & State

**Leesburg, Florida**

Zip

**34748**

Country

**USA**

3. Mailing Address

**c/o Steven J. Richey**

Suite, Apt. #, etc.

**601 South 9th Street**

City & State

**Leesburg, Florida**

Zip

**34748**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**26-0032104**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RICHEY, STEVEN J ESQ.  
1009 NORTH 14TH ST.  
LEESBURG FL 34749**

7. Name and Address of New Registered Agent

Name

**Steven J. Richey, Esquire**

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

**601 South 9th Street**

City

**Leesburg**

**FL**

Zip Code

**34748**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**General Manager  
Steven J. Richey  
601 South 9th Street  
Leesburg, FL 34748** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

CR2E083 (10/02)