

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90038 047 \*\*\*\*55.00

**DOCUMENT # L02000015279**

1. Entity Name

**DORE, LANIER, NOEY & FANNIN, CHARTERED**



Principal Place of Business

**201 N. HOGAN STREET STE. 200  
JACKSONVILLE FL 32202**

Mailing Address

**201 N. HOGAN STREET STE. 200  
JACKSONVILLE FL 32202**

**30039304**



2. Principal Place of Business

**76 S. Laura Street**

3. Mailing Address

**76 S. Laura St.**

Suite, Apt. #, etc.

**Suite 1701**

Suite, Apt. #, etc.

**Suite 1701**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

Zip

**32202**

Country

4. FEI Number

**82-0551613**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MC MENAMY, WILLIAM B  
50 N LAURA STREET STE. 2925  
JACKSONVILLE FL 32202**

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. 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

**MGRM  
DORE, DENNIS P  
4700 ORTEGA BLVD  
JACKSONVILLE FL 32210**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-19-03**

Date

**(904) 358-7881**

Daytime Phone #

CR2E083 (10/02)