

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0026817

DOCUMENT # L02000020948

1. Entity Name

DIONYSUS HOLDINGS, LLC



FILED

03 APR -1 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

515 NORTH FLAGLER DRIVE, 18TH FLOOR  
ATTN: DEAN VEGOSEN  
WEST PALM BEACH FL 33401

Mailing Address

515 NORTH FLAGLER DRIVE, 18TH FLOOR  
ATTN: DEAN VEGOSEN  
WEST PALM BEACH FL 33401

2. Principal Place of Business

201 N. U.S. Highway 1

3. Mailing Address

201 N. U.S. Highway 1

Suite, Apt. #, etc.

Suite D-5

Suite, Apt. #, etc.

Suite D-5

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33477

Country

Martin

Zip

33477

Country

Jupiter

4. FEI Number

54-2078039

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN ESQ.  
NORTHBRIDGE TOWER I, 18TH FLOOR  
515 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

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  
Manager  
Craig Menin  
201 N. U.S. Highway 1, D-5  
Jupiter, FL 33477 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Robert C. Jacoby  
201 N. U.S. Highway 1, D-5  
Jupiter, FL 33477 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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  
04/01/03--01061--021 \*\*1062.50

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

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

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☐ 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 REQUIRED

03/25/03

561-747-4883

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

Date

Daytime Phone #

CR2E083 (10/02)