

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90071 013 ****50.00

DOCUMENT #

1. Entity Name 202000033689

DRIVING FOR JOE INVESTMENT CLUB,
L.L.C.



DO NOT WRITE IN THIS SPACE

24057438

2. Principal Place of Business

465 SE ST. LUCIE Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STUART FLORIDA

City & State

4. FEI Number

550815656

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name Springel & Litard, P.A.

JOAN Smith

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

465 SE ST LUCIE Blvd.

1840 Coral Way, 4th Floor

City

STUART

FL

Zip Code

34996

**DO NOT WRITE
IN THIS SPACE**

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

Joan Smith - JOAN Smith

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MEMBER - PRESIDENT</u> <u>PHYLLIS MARINO</u> <u>1581 SW MEDIEY LANE</u> <u>PORT ST. LUCIE, FL 34953</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MANAGER - SECRETARY</u> <u>JOAN SMITH</u> <u>465 SE ST LUCIE BLVD</u> <u>STUART, FL 34996</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MANAGER - V. PRESIDENT</u> <u>DEBRA ANN O'CONNEL</u> <u>4308 SW BROOKSIDE DR.</u> <u>PALM CITY, FL 34990</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MEMBER V. PRES</u> <u>LYNN STEILMAN</u> <u>4308 SW BROOKSIDE DR.</u> <u>PALM CITY, FL 34990</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MANAGER, TREASURER</u> <u>BARBARA TYSON</u> <u>19874 WILKINSON LEAS RD.</u> <u>TEQUESTA, FL 33469</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MEMBER V. PRES</u> <u>THERESA MOORE</u> <u>2060 BRIAR OAK TRAIL</u> <u>PALM CITY, FL 34990</u>

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Joan Smith

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

Date


Daytime Phone #

4/26/04 772/283-8135

CR2E083B (12/02)

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # <u>PAGE 2</u>	
1. Entity Name <u>DRIVING FOR DOE INVESTMENT CLUB L.L.C.</u>	

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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	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

Attachment
24037438

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Spiegel & Utrera, P.A.</u>	
	Street Address (P.O. Box Number is Not Acceptable)	
	<u>1840 Coral Way, 4th Floor</u>	
	City <u>FL</u>	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. **DATE** _____

- CONTINUED -	FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
MEMBER V.PRES	CATHY GALE		
STREET ADDRESS	3250 SW RONLEA CT.	STREET ADDRESS	
CITY-STATE-ZIP	PORT ST. LUCIE, FL 34953	CITY-STATE-ZIP	
MEMBER 1ST V. PRES	WENDY WHEELER		
STREET ADDRESS	PO BOX 1895	STREET ADDRESS	
CITY-STATE-ZIP	STUART FL 34996	CITY-STATE-ZIP	
MEMBER V. PRES	KATHERINE NELSON		
STREET ADDRESS	625 ST. LUCIE CRESCENT #406	STREET ADDRESS	
CITY-STATE-ZIP	STUART, FL 34994	CITY-STATE-ZIP	
MEMBER V. PRES.	ANNETTE JONES		
STREET ADDRESS	4308 SW BROOKSIDE DR	STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY, FL 34990	CITY-STATE-ZIP	
MEMBER V. PRES	JULIE STELLMAN		
STREET ADDRESS	6822 SE RAINBOW AVE.	STREET ADDRESS	
CITY-STATE-ZIP	STUART, FL 34996	CITY-STATE-ZIP	
MEMBER V. PRES	RHONDA WOODRUFF		
STREET ADDRESS	5423 SE HARBOR TER.	STREET ADDRESS	
CITY-STATE-ZIP	STUART, FL 34997	CITY-STATE-ZIP	

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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 **Date** _____ **Daytime Phone #** _____

CR2E0838 (12/02)