

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94000000097**

1. Entity Name

**DEMAND SYSTEMS L.C.**

APPROVED  
AND  
FILED

00 MAY 23 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
225 SOUTH WESTMONTE DRIVE  
SUITE 3330  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
225 SOUTH WESTMONTE DRIVE  
SUITE 3330  
ALTAMONTE SPRINGS FL 32714-4218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3266643**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MERLIN, DOUGLAS J**  
**225 SOUTH WESTMONTE DRIVE, STE 3330**  
**ALTAMONTE SPRINGS FL 32714**

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MGRM**  
**LITCHFIELD, RANDALL**  
**147 WYNDHAM ST., N. STE 304**  
**GUELPH, ONTARIO, CANADA**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

**4000003287654-8**  
**-06/13/00--01086--019**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**MGRM**  
**MERLIN, DOUGLAS J**  
**225 S WESTMONTE DR., STE 3330**  
**ALTAMONTE SPRINGS FL**

☐ Delete

TITLE  
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CITY- ST- ZIP

☐ Change ☐ Addition

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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 OR MANAGER

Date

Daytime Phone #

**SIGNATURE OF DOUGLAS MERLIN**

**5-18-00 407786-**

**8222**

CR:ET 13 (9/99)