

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94000000097**

1. Entity Name

**DEMAND SYSTEMS L.C.**

Principal Place of Business

**711 W. HARVARD ST.  
ORLANDO, FL 32804**

Mailing Address

**711 W. HARVARD ST.  
ORLANDO, FL 32804**

**FILED**  
**01 JUN 13 AM 10:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

**59-3266643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MERLIN, DOUGLAS J  
711 WEST HARVARD ST.,  
ORLANDO, FL 32804**

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.

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**

**400004423504--8**

**-06/18/01--01012--012**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGRM** ☐ Delete  
NAME **LITCHFIELD, RANDALL**  
STREET ADDRESS **147 WYNDAVE ST., N. STE 304**  
CITY-ST-ZIP **GUELPH, ONTARIO, CANADA**

TITLE **MGRM** ☐ Delete  
NAME **MERLIN, DOUGLAS J**  
STREET ADDRESS **711 WEST HARVARD ST.,**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

**DOUGLAS MERLIN**

**6/6/01 408-246-0181**

CR2E083 (11/00)