

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000060

1. Entity Name

DIRECT ENTERPRISES, L.C.

Principal Place of Business

4888 WOOD POINTE WAY
SARASOTA FL 34233

Mailing Address

4888 WOOD POINTE WAY
SARASOTA FL 34233

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

65-0641198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
01 JAN 25 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN ST, SUITE 1001
SARASOTA FL 34236

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE NAME MGR HANNA, MAGDI B
STREET ADDRESS 4888 WOOD POINTE WAY
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE NAME MGR HANNA, ROBLYN S
STREET ADDRESS 4888 WOOD POINTE WAY
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE NAME MGR BISHAY, HANY
STREET ADDRESS 4888 WOOD POINTE WAY
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME 700003601887-00 ☐ Change ☐ Addition
STREET ADDRESS -01/30/01--01081--017
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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: Roblyn S. Hanna, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-19-01

Date

941-927-5145

Daytime Phone #

CR2E083 (11/00)