

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90172 036 \*\*\*\*50.00

**DOCUMENT # L96000001320**

1. Entity Name  
**DLR BAYSHORE BUILDING LLC**

Principal Place of Business

**601 W. SWANN AVE.  
TAMPA FL 33606**

Mailing Address

**DLR BAYSHORE BLDG. LLC  
400 ESSEX COURT-REGENCY PARK  
OMAHA NE 68114-3778**

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

**59-3418500**

Applied For

Not Applicable

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

**MERADITH, STANLEY M  
601 W SWANN AVE  
TAMPA FL 33606**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **HALLOCK, DALE D**  
STREET ADDRESS **400 ESSEX CT REGENCY PARK**  
CITY-ST-ZIP **OMAHA NE 68114-3778**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **ROUBAL, JAMES P.**  
STREET ADDRESS **400 ESSEX CT REGENCY PARKWAY**  
CITY-ST-ZIP **OMAHA, NE 68114-3778**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for an exemption under 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 I were a natural person. I declare under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee of the limited liability company, as defined in Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPE OF PERSON: NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/02

Date

(402) 393-4100

Daytime Phone #

CR2E083 (9/01)