

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017554 SP

DOCUMENT # **L97000000178**

1. Entity Name  
**DOUGLAS ENTERPRISES INTERNATIONAL, LLC**

00 MAR 30 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4110*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 86 N. 5TH STRETT. #2 LAKE CITY FL 32055	Mailing Address 86 N. 5TH STRETT. #2 LAKE CITY FL 32055
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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 <b>59-3418015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH**  
9250 BAYMEADOWS RD  
SUITE 230  
JACKSONVILLE FL 32256

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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM DOUGLAS, HERBERT M 1257 E BAYA AVE LAKE CITY FL 32055	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM DOUGLAS, DIANA S 1257 E BAYA AVE LAKE CITY FL 32055	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MBR DOUGLAS, HERBERT M P.O. Box 2648 Lake City, FL 32056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MBR Douglas, DIANA S P.O. Box 2648 Lake City, FL 32056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003207013--5 -04/13/00--01033--022 *****50.00 *****50.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Diana S. Douglas* *Shawna J. ... MBRN 3/7/00* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (9/99)