

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000502

1. Entity Name

TWIN DOLPHIN ENTERPRISES, L.C.

APPROVED
AND
FILED

01 APR 20 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTERED APR 10 2001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1200 1ST AVENUE WEST
BRADENTON FL 34205

Mailing Address

1111 3RD AVENUE WEST
SUITE 200
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

1001 3RD AVE. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350

City & State

City & State

Bradenton, FL

4. FEI Number

65-0755510

Applied For

Not Applicable

Zip

Country

Zip

Country

34205

U.S.

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

MILLER, HEWITT DANIEL

1111 3RD AVENUE WEST SUITE 200
BRADENTON FL 34205

Name

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

1001 3RD AVE. W.

Suite 350

City

Bradenton

FL

Zip Code

34205

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 MGR
NAME MILLERS' PIER CORPORATION
STREET ADDRESS 1111 3RD AVENUE WEST SUITE 200
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 3RD AVE. W., Suite 350
CITY-ST-ZIP Bradenton, FL 34205

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
NAME
STREET ADDRESS 500004085075-7
CITY-ST-ZIP -04/27/01--01053--020
*****50.00 *****50.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]

4-10-01

941-748-3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0021535
AF

CR2E083 (11/00)