

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000009**

1. Entity Name  
**DOUBLE RL ENTERPRISES, L.C.**

**FILED**

**01 JAN 18 AM 9:12**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1499 SW 30TH AVE., SUITE 3**      **1499 SW 30TH AVE., SUITE 3**  
**BOYNTON BEACH FL 33426**      **BOYNTON BEACH FL 33426**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0800923**      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

**VALASHINAS, KIMBERLY M**  
**1499 SW 30TH AVE., SUITE 3**  
**BOYNTON BEACH FL 33426**

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

10. ADDITIONS/CHANGES

TITLE       Delete  
NAME      **MGRM**  
STREET ADDRESS      **VALASHINAS, ROBERT L**  
CITY-ST-ZIP      **1499 SW 30TH AVE., SUITE 3**  
**BOYNTON BEACH FL 33426**

Change       Addition  
**500003576275--1**  
**-01/26/01--01042--014**  
**\*\*\*\*\*50.00      \*\*\*\*\*50.00**

TITLE       Delete  
NAME      **MGRM**  
STREET ADDRESS      **VALASHINAS, KIMBERLY M**  
CITY-ST-ZIP      **1499 SW 30TH AVE., SUITE 3**  
**BOYNTON BEACH FL 33426**

Change       Addition

TITLE       Delete  
NAME      **MGRM**  
STREET ADDRESS      **MURPHY, ROBERT J JR**  
CITY-ST-ZIP      **DELRAY DUNES COUNTRY CLUB**  
**BOYNTON BEACH FL 33436**

Change       Addition

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

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: **Robert L Valashinas**      1-1-1      5613649100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)