

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000524

1. Entity Name
D.L. & C.A. DEGGELLER, L.L.C.

APPROVED
AND
FILED

00 APR 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3350 S.W. DEGGELLER CT.
PALM CITY FL 34990

Mailing Address

3350 S.W. DEGGELLER CT.
PALM CITY FL 34990-5545

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

65-0836454

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAM, WILLIAM T SR.
11120 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DONALD L. DEGGELLER TRUST
1762 S.W. CRANE CREEK CIRCLE
PALM CITY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CATHERINE A. DEGGELLER TRUST
1762 S.W. CRANE CREEK CIRCLE
PALM CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003238794
-05/03/00--01156--010
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/17/00

561/886-2011

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CR2E083 (9/99)