

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000524**

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

Principal Place of Business  
**3350 S.W. DEGGELLER CT.  
PALM CITY FL 34990**

Mailing Address  
**3350 S.W. DEGGELLER CT.  
PALM CITY FL 34990**

FILED

01 APR -4 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0836454**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
**800003993172--9**  
**-04/12/01--01009--009**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
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CITY-ST-ZIP

☐ Change ☐ Addition  
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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: **C.A. Deggeller** **D.L. & C.A. DEGGELLER**

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

**3-27-01**

Date

**561-2862011**

Daytime Phone #

0023552 AF

CR2E083 (11/00)