

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000605**

1. Entity Name  
**DEVERE HOLDINGS, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:21

Principal Place of Business  
12800 S.W. 33RD DRIVE  
DAVIE FL 33330

Mailing Address  
12800 S.W. 33RD DRIVE  
DAVIE FL 33029-3145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**606 SE 9th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**757 SE 17th ST**  
Suite, Apt. #, etc.  
**PMB 808**

City & State  
**FT. LAUDERDALE**

City & State  
**FT. LAUDERDALE**

Zip  
**FL 33301**

Country  
**33316**

Zip  
**FL**

Country  
**33316**

4. FEI Number  
**65-0883996**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**READ, HASTINGS P**  
**757 N.W. 17TH AVENUE**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name  
**READ, HASTINGS P**

Street Address (P.O. Box Number is Not Acceptable)  
**757 SE 17th ST**

**PMB 808**

City  
**FT. LAUDERDALE**

State  
**FL**

Zip Code  
**33316**

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]* **MGEM** **4/27/00**

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**

**BLT**

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>READ, HASTINGS P</b> <b>12800 S.W. 33RD DRIVE</b> <b>DAVIE FL 33330</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>READ, ANNE</b> <b>12800 S.W. 33RD DRIVE</b> <b>DAVIE FL 33330</b>	<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	<b>MGRM</b> <b>MANAGING MEMBER</b> <b>READ, HASTINGS P</b> <b>606 SE 9th AVE</b> <b>FT. LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>READ, ANNE</b> <b>606 SE 9th AVE</b> <b>FT. LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500003300325-7</b> <b>-06/22/00--01012--003</b> <b>*****50.00 *****50.00</b>	<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: *[Signature]* **MGEM** **4/27/00** **954-349-0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR 2E081 (9/99)