

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001475

1. Entity Name

ROUND DOUGH ENTERPRISES, L.L.C.

FILED

01 MAR -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O CICI'S PIZZA
8631-2 LITTLE RD
NEW PORT RICHEY FL 34654

Mailing Address

16033 FROST DR.
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

8631-2 Little Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

4. FEI Number

59-3528945

Applied For

Not Applicable

Zip

Country

Zip

Country

34654

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

MORGAN, JAMES

3804 PRESERVE COURT, APT. #101

TAMPA FL 33624

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 MGR
NAME MORGAN, JAMES D
STREET ADDRESS 3804 PRESERVE CT., APT. #101
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE MGRM
NAME MEDICH, DAVID
STREET ADDRESS 11318 CARROLLWOOD DR.
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003891298--8
-03/21/01--01113--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

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

Date

Daytime Phone #

3/10/01 (727) 846-8400

0022781 AF

CR2E083 (11/00)