

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022781 AF

**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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
*8631-2 Little Road*

City & State  
*New Port Richey, FL*

4. FEI Number **59-3528945**  
Applied For  
 Not Applicable

Zip *34654* Country  
5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MORGAN, JAMES**  
**3804 PRESERVE COURT, APT. #101**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MORGAN, JAMES D</b> <b>3804 PRESERVE CT., APT. #101</b> <b>TAMPA FL 33624</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MEDICH, DAVID</b> <b>11318 CARROLLWOOD DR.</b> <b>TAMPA FL 33618</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800003891298--8</b> <b>-03/21/01--01113--009</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** *8/10/01 (727) 846-8400*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)