

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001797

1. Entity Name  
DERBY PRODUCTIONS, L.C.

Principal Place of Business  
1227 S.E. 9TH TERRACE  
CAPE CORAL FL 33990

Mailing Address  
1227 S.E. 9TH TERRACE  
CAPE CORAL FL 33990

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  
65-0861961

Applied For  
Not Applicable

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

TROYER, RODNEY J  
1227 S.E. 9TH TERRACE  
CAPE CORAL FL 33990

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  
MGRM  
TROYER, RODNEY J  
1227 S.E. 9TH TERRACE  
CAPE CORAL FL 33990 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MURRAY, DAVID W  
1227 S.E. 9TH TERRACE  
CAPE CORAL FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004419302-5  
-06/14/01--01023--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ 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 REQUIRED

Rodney Troyer

1-17-01

941574232

APPROVED  
AND  
FILED  
01 MAY 18 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)