

2000 UNIFORM BUSINESS REPORT (UBR)

0008662 AF

DOCUMENT # L98000002217

1. Entity Name
E.T. DANIELS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 22 AM 10:45

Principal Place of Business
1918 WOODRING ROAD
SANIBEL FL 33957

Mailing Address
1918 WOODRING ROAD
SANIBEL FL 33957-3433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1329 EAGLE RUN DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 990
Suite, Apt. #, etc.

City & State
SANIBEL FL
Zip
33957
Country
USA

City & State
SANIBEL, FL
Zip
33957
Country
USA

4. FEI Number
65-0877215

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

THOMAS, JACK K JR.
~~1918 WOODRING ROAD~~
SANIBEL FL 33957

~~P.O. Box 990~~
1329 EAGLE RUN
DRIVE

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

Jack K Thomas Jr

4-5-00

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 THOMAS, JACK K JR. 1918 WOODRING ROAD P.O. Box 990 SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, EDWARD W 300 GRECO AVENUE CORAL GABLES FL 33146	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003282744--2 06/09/00-01066-017 *****50.00 *****50.00	<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
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:

Jack K Thomas Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-5-00 (941) 472-4714

CR2E083 (9/99)