

# 2000 UNIFORM BUSINESS REPORT (UBR)

APR 1999

FILED

00 MAR 20 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wf 3/30



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002448

1. Entity Name

DSIF, L.L.C.

Principal Place of Business

1360 GLEN OAKS DRIVE  
WEST DES MOINES IA 50266

Mailing Address

1360 GLEN OAKS DRIVE  
WEST DES MOINES IA 50266-6636

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

58-242304  
APPLIED FOR

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

COLLMAN, RICHARD A

2340 PERIWINKLE WAY, SUITE 1-2  
SANIBEL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

1648 Periwinkle Way, Suite B

City

Sanibel, FL

FL

Zip Code

33957

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

*Richard A. Collman*

2-21-00

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
STREET ADDRESS MILLER, DAVID L  
CITY - ST - ZIP 1360 GLEN OAKS DRIVE  
WEST DES MOINES IA 50266 ☐ Delete

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

TITLE NAME MGRM  
STREET ADDRESS MILLER, STEPHEN D  
CITY - ST - ZIP 1360 GLEN OAKS DRIVE  
WEST DES MOINES IA 50266 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/12/2000

Date

Daytime Phone #

CR2E083 (9/99)