2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000039

1. Entity Name

DPC WEKIVA, L.C.

Principal Place of Business	Mailing Address
2700 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32712	2700 SWEETWATER COUNTRY CLUB DRIVE APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-3555113 / Applied For / Not Applicable
Zip / Country	Zip / Country	**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
PATEL, MOORE & O'CONNOR, P.A. 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER FL 33764	Name: Annis, Mitchell, etal Street Address (P.O. Box Number is Not Acceptable) 201 North Franklin Street Suite 2200 City: Tampa FL Zip Code 33602

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 _____   *Thomas M. Little*   7/17/00

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/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME GAGLIARDI, GREG STREET ADDRESS 2700 SWEETWATER COUNTRY CLUB DRIVE CITY-ST-ZIP APOPKA FL 32712	☐ Delete	TITLE Member NAME STREET ADDRESS 11304 Lake Katherine Circle CITY-ST-ZIP Clermont, Florida 34711	☒ Change ☐ Addition
TITLE MGR NAME STOTTLEMYRE, TODD STREET ADDRESS 2700 SWEETWATER COUNTRY CLUB DRIVE CITY-ST-ZIP APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS 6164 East Royal Palm Road CITY-ST-ZIP Paradise Valley, AZ 85253	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 7000033431D7---6 CITY-ST-ZIP -08/02/00--01003--002 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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: _____ *Gregg Gagliardi*   7-11-00   352-394-0922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

CR2E083 (5/00)