

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000039

1. Entity Name  
DPC WEKIVA, L.C.

Principal Place of Business  
2700 SWEETWATER COUNTRY CLUB DRIVE  
APOKA FL 32712

Mailing Address  
2700 SWEETWATER COUNTRY CLUB DRIVE  
APOKA FL 32712

FILED

2001 MAY -2 PM 3:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
200 N HUNT CLUB BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
2601 DIAMOND CLUB DR  
Suite, Apt. #, etc.

City & State  
LONGWOOD FL  
Zip  
32779  
Country  
USA

City & State  
CLERMONT FL  
Zip  
34711  
Country  
USA

4. FEI Number 59-3555113  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MITCHELL, ANNIS ETAL  
201 NORTH FRANKLIN STREET, STE. 2200  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
Name  
GREGG GAGLIARDI  
Street Address (P.O. Box Number is Not Acceptable)  
2601 DIAMOND CLUB DR  
City  
CLERMONT FL Zip Code  
34711

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 GREGG GAGLIARDI 4-27-01  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, GREG 11304 LAKE KATHERINE CIRCLE CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOTTEMYRE, TODD 6164 EAST ROYAL PALM ROAD PARADISE VALLEY AZ 85253	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 DIAMOND CLUB DR CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 DIAMOND CLUB DR CLERMONT FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004334530--5 -05/30/01--01078--008 *****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

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 4-27-01 352-241-9771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0004543 AF

CR2E083 (11/00)