

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000040

1. Entity Name

DPC SWEETWATER, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:25

Principal Place of Business

2700 SWEETWATER COUNTRY CLUB DRIVE  
APOPKA FL 32712

Mailing Address

2700 SWEETWATER COUNTRY CLUB DRIVE  
APOPKA FL 32712

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

59-3555116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MOORE & O'CONNOR, P.A.  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER FL 32712

7. Name and Address of New Registered Agent

Name

Annis, Mitchell, et al

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Thomas M. Little

7/27/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR GAGLIARDI, GREG ☐ Delete  
STREET ADDRESS 2700 SWEETWATER COUNTRY CLUB DRIVE  
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME MGR STOTTEMYRE, TODD ☐ Delete  
STREET ADDRESS 2700 SWEETWATER COUNTRY CLUB DRIVE  
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Member ☒ Change ☐ Addition  
STREET ADDRESS 11304 Katherine Circle  
CITY-ST-ZIP Clermont, Florida 34711

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 6164 East Royal Palm Road  
CITY-ST-ZIP Paradise Valley, AZ 85253

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600003342516--0  
CITY-ST-ZIP -08/01/00--01080--002

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

GREG GAGLIARDI

Date

7-11-00

Daytime Phone #

352-394-0922

CR2E083 (5/00)