

2001 UNIFORM BUSINESS REPORT (UBR)

0004544 AF

DOCUMENT # L990000000040

1. Entity Name
DPC SWEETWATER, L.C.

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
2601 DIAMOND CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLERMONT FL

4. FEI Number 59-3555116

Applied For
Not Applicable

Zip Country
USA

Zip Country
34711 USA

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

ANNIS, MITCHELL ETAL
201 NORTH FRANKLIN ST., STE. 2200
TAMPA FL 33602

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  Signature of registered agent and title if applicable.

GREGG GAGLIARDI
(NOT: Registered Agent signature required when reinstating)

4-27-01
DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR GAGLIARDI, GREG ☐ Delete
STREET ADDRESS 11304 KATHERINE CIRCLE
CITY-ST-ZIP CLERMONT FL 34711

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2601 DIAMOND CLUB DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE NAME MGR STOTTLEMYRE, TODD ☐ Delete
STREET ADDRESS 6164 EAST ROYAL PALM ROAD
CITY-ST-ZIP PARADISE VALLEY AZ 85253

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2601 DIAMOND CLUB DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600004334526--7
CITY-ST-ZIP -05/30/01--01078--006
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

GREGG GAGLIARDI 4-27-2001 352-241-9771

CR2E083 (11/00)

FILED

2001 MAY -2 PM 12:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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