

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000040

1. Entity Name

DPC SWEETWATER, L.C.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90575 001 ***200.00

Principal Place of Business

~~2700 SWEETWATER COUNTRY CLUB DRIVE~~
~~APOPKA FL 32712~~

Mailing Address

2601 DIAMOND CLUB DR
CLERMONT FL 34711

2. Principal Place of Business

2601 DIAMOND CLUB DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

Zip

34711

Country

LAKE

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

~~ANNIS, MITCHELL ETAL~~
2601 DIAMOND CLUB DR
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

GREGG GAGLIARDI

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GAGLIARDI, GREG
STREET ADDRESS 2601 DIAMOND CLUB DR
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE MGR
NAME STOTTLEMYRE, TODD
STREET ADDRESS 2601 DIAMOND CLUB DR
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-20-02 352 2430411

0051318

CR2E083 (9/01)