

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000672

1. Entity Name

DPC CLERMONT, 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



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

59-3564603

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.
2400 BELLEAIR RD., 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

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

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003342514--7
CITY-ST-ZIP -08/01/00--01080--001

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Gregg Gagliardi
Gregg Gagliardi

7-11-00

Date

352-394 0922

Daytime Phone #

CR2E083 (5/00)