

2001 UNIFORM BUSINESS REPORT (UBR)

0004545 AF

DOCUMENT # L990000000672

1. Entity Name
DPC CLERMONT, L.C.

FILED

2001 MAY -2 PM 12:09

DIVISION OF CORPORATIONS



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

2601 DIAMOND CLUB DR

3. Mailing Address

2601 DIAMOND CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number 59-3564603

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANNIS, MITCHELL 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

Signature, typed or printed name 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, GREGG 11304 LAKE KATHERINE CIRCLE CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOTTLEMYRE, TODD 6164 EAST ROYAL PALM ROADLUB DRIVE 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 2601 DIAMOND CLUB DR CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 DIAMOND CLUB DR CLERMONT FL 34711
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004334549--6 -05/30/01--01078--020 *****50.00 <input checked="" 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:

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

GREGG GAGLIARDI

4-27-01

352-241-9771

Date

Daytime Phone #

CR2E083 (11/00)