

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000672

1. Entity Name

DPC CLERMONT, L.C.

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

04-03-2002 90575 001 \*\*\*200.00

Principal Place of Business

2601 DIAMOND CLUB DR  
 CLERMONT FL 34711

Mailing Address

2601 DIAMOND CLUB DR  
 CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

LAKE

Zip

Country

LAKE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3564603

Applied For

Not Applicable

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

GAGLIARDI, GREGG  
 2601 DIAMOND CLUB DR  
 CLERMONT FL 34711

Name

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

10. ADDITIONS / CHANGES

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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]*  
 SIGNATURE REQUIRED

3-20-02

352-243-0411

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

Date

Daytime Phone #

CR2E083 (9/01)

0051316