

2000 UNIFORM BUSINESS REPORT (UBR)

0010727 AF

DOCUMENT # L99000000919

1. Entity Name
DAVID W. IRISH, LLC

FILED

00 MAR 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2240 S.W. DANFORTH CIRCLE
PALM CITY FL 34990

Mailing Address
2240 S.W. DANFORTH CIRCLE
PALM CITY FL 34990-7708

2. Principal Place of Business
CIR.
3369 SW SUNSET TRACE
Suite, Apt. #, etc.

3. Mailing Address
CIR.
3369 SW SUNSET TRACE
Suite, Apt. #, etc.

City & State
PALM CITY, FL
Zip 34990 Country

City & State
PALM CITY, FL
Zip 34990 Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM IRISH, DAVID W ☐ Delete
STREET ADDRESS 2240 S.W. DANFORTH CIRCLE
CITY - ST - ZIP PALM CITY FL 34990

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 3369 SW SUNSET TRACE CIRCLE
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 0000003193240-0
CITY - ST - ZIP -04/04/00-01001-024
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/5/00 561-486-1108
Date Daytime Phone #

CR2E083 (9/99)