

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001545**

1. Entity Name

DUNKIN'S MANAGEMENT OF PORT CHARLOTTE L.L.C.

APPROVED
AND
FILED

01 APR 27 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**842 S. 30TH STREET
HEATH OH 43056**

Mailing Address

**842 S. 30TH STREET
HEATH OH 43056**

2. Principal Place of Business

1441 Tamiami Trail

3. Mailing Address

897 Hebron Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Heath, OH

4. FEI Number

65-0884074

Applied For

Not Applicable

Zip

33948

Country

USA

Zip

43056

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNKIN, STUART
3675 N. COUNTRY CLUB DRIVE
AVENTURA FL 33180**

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

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/MEMBERS

TITLE **MGR** ☐ Delete
NAME **DUNKIN'S DIAMONDS & GOLD OF HEATH, INC.**
STREET ADDRESS **842 S. 30TH STREET**
CITY-ST-ZIP **HEATH OH 43056**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **100004211741--5**
STREET ADDRESS **-05/11/01--01073--021**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]

4-18-01 740-788-8610

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

Date

Daytime Phone #

CR2E083 (11/00)

0028115 AF