

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001703

1. Entity Name

DAVIS ISLAND DEVELOPERS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

Principal Place of Business

5005 EXCELLENCE BLVD.  
TAMPA FL 33617

Mailing Address

5005 EXCELLENCE BLVD.  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

PIOTRKOWSKI, JOEL S  
317-71ST STREET  
MIAMI BEACH FL 33141

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SEIDNER, ALFREDO ☐ Delete  
STREET ADDRESS 5005 EXCELLENCE BLVD.  
CITY-ST-ZIP TAMPA FL 33617

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 4000003459084--0  
CITY-ST-ZIP -11/09/00--01082--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM ALFREDO SEIDNER, TRUSTEE ☐ Delete  
STREET ADDRESS 5005 EXCELLENCE BLVD.  
CITY-ST-ZIP TAMPA FL 33617

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)