

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001732

1. Entity Name

STEVE DALE ENTERPRISES, LLC

FILED

00 FEB -3 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

34851 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

% KEVIN M. HELMICH. ESO.
P.O. BOX 5499
DESTIN FL 32540-5499

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3568603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HELMICH, KEVIN M

34851 EMERALD COAST PARKWAY
DESTIN FL 32541

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 re/instating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
DALE, STEPHEN M ☐ Delete
STREET ADDRESS 4486 OCEAN VIEW DRIVE
CITY- ST- ZIP DESTIN FL 32541

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME Member ☐ Change ☒ Addition
STEPHEN M. DALE, as trustee
STREET ADDRESS 175 Turnberry Circle
CITY- ST- ZIP Fayetteville, GA 30115

TITLE NAME Member ☐ Change ☒ Addition
Linda M. Dale, as trustee
STREET ADDRESS 175 Turnberry Circle
CITY- ST- ZIP Fayetteville, GA 30115

TITLE NAME ☐ Change ☐ Addition
700003127137--5
-02/08/00--01053--001
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
[Signature]

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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 OR MANAGER

Date

Daytime Phone #

1-31-00