## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900002036  1. Entity Name DASHO HOMES, L.C.					SECRETARY OF STATE DIVISION OF COMPORATIONS			
Principal Place of Business Mailing Address					00 FEB 22 AM 8: 44			
1298 SANIBEL LANE 1298 SANIBEL LANE GULF BREEZE FL 32561 GULF BREEZE FL 32561-5535								
					 			+141 <b>0 0</b> 714 20 <b>0</b> 7
2. Principal F	3. Mailing Address	ng Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number Applied For				
Zip Country		Zip Count		ry .	5 Certificate of Status Desired 52 \$5.00 Additional			
- <u>-</u> -	6. Name and Address of Current	Registered Agent	T		7. Name and Address		Fee Required	3
Name								
DASHO, ROBERT 1298 SANIBEL LANE			Ţ	Street Address (1	(P.O. Box Number is Not Acceptable)			
	EEZE FL 32561		Ì					
				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 reinstatung)  DATE								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of					State			
9.	MANAGING MEMBE	RS/MEMBERS	10.		AD	DITIONS/CHANGES		
TFTLE MAME	MGRM DASHO, ROBERT	· Delete	TITLE	u. (180	9000	03161:	Change	Addition
STREET ADDRESS CITY-81-ZIP	1298 SANIBEL LANE		STREE	T ADDRESS ST-ZIP	-[	03/08/000:		13
TITLE	GOLF BRELZE 12 32301	☐ Delete	TITLE			####55 <u>.UU</u>	☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS	nf31	2/00		{
CITY- ST- ZIP		1		8T-ZIP				
TITLE		Delete	TITLE		<del></del> . ·		☐ Change	Addition
NAME STREET ADDRESS	·		STREE	T ADDRESS				
TITLE	<u> </u>	Delets	TETLE	BT- ZIP			☐ Change	Addition
MARKE	, , , , , , , , , , , , , , , , , , ,	<del></del>	NAME	l l				
STREET ADDRESS CITY-ST-ZIP	•			T ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP			CITY-	RT-ZIP				
TITLE NAME -,		☐ Delete	TITLE				Change	Addition
STREET ADDRESS				T ADDRESS				
11. I hereby o	certify that the information supplied with	this filing does not qualify for		et-ziP option stated in Sec	otion 119.07(3)(i). Florida	Statutes. I further cer	tify that the in	formation
indicated	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have th	ne same	legal effect as if m	ade under oath; that I am			