

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002429

1. Entity Name
DON, L.C.

Principal Place of Business
1207 ENTERPRISES DRIVE
PORT CHARLOTTE FL 33953

Mailing Address
1207 ENTERPRISES DRIVE
PORT CHARLOTTE FL 33953-3819



2. Principal Place of Business

1207 ENTERPRISE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1207 ENTERPRISE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0917190

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

MCKINLEY, MICHAEL R ESQ
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

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 NAME MGR
NAME BOTTS, DONALD J
STREET ADDRESS 1207 ENTERPRISE DRIVE
CITY- ST- ZIP PORT CHARLOTTE FL 33953 ☐ Delete

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

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

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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

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

10. ADDITIONS/CHANGES

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

TITLE NAME 300003238 ☐ Change ☐ Addition
NAME -05/03/00--01156--019
STREET ADDRESS *****50.00 *****50.00
CITY- ST- ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition
NAME
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 #

CR2F083 (9/99)