

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003341**

1. Entity Name

G.D.C. PROPERTIES, L.L.C.

Principal Place of Business

Mailing Address

**12504 STARKEY ROAD
LARGO FL 33733-2615**

**12504 STARKEY ROAD
LARGO FL 33733-2615**

FILED

01 JUL -9 PM 4:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12735 Starkey Rd

12735 Starkey Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LARGO FL 33733-2615

LARGO FL

City & State

City & State

LARGO FL 33733-2615

LARGO FL

Zip

Zip

33733-2615

Country

Country

Pinellas

33733-2615

Country

Pinellas

4. FEI Number

36-4300544

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

**PEREZ JR., GONZALO ESQ
2151 LEJUENE RD.
CORAL GABLES FL 33134**

Name **Ira P. Diamond**

Street Address (P.O. Box Number is Not Acceptable)

7360 ULMERTON ROAD #9D

City

LARGO

FL

Zip Code

33771

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

Ira P. Diamond

(NOTE: Registered Agent signature required when reinstating)

7/02/01

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**400004480974--3
-07/17/01--01073--002
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GLASS, RAY
188 PATTERSON STILL SPUR E.
THOMASVILLE GA 31757** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIAMOND, IRA
7360 ULMERTON ROAD, SUITE 9D
LARGO FL 33771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CRAWFORD, LINDA R
2232 LAKE ARBOR BLVD.
CLEARWATER FL 33763** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ 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:

Ira P. Diamond

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

7/02/01 (727) 535-1044

Date Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE