

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006380 AF

DOCUMENT # **L99000003565**

1. Entity Name  
**DANDI MANAGEMENT COMPANY, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 17 PM 12:44

*inf 3/22/00*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2255 GLADES ROAD, SUITE 227W BOCA RATON FL 33431	Mailing Address 2255 GLADES ROAD, SUITE 227W BOCA RATON FL 33431-7391
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2. Principal Place of Business <b>2385 Exclusive Center Drive</b> Suite, Apt. #, etc. <b>DRIVE</b> City & State <b>Boca Raton FL</b> Zip <b>33431</b> Country <b>USA</b>	3. Mailing Address <b>2385 Exclusive Center Drive</b> Suite, Apt. #, etc. <b>DRIVE</b> City & State <b>Boca Raton FL</b> Zip <b>33431</b> Country <b>USA</b>
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4. FEI Number <b>65-0931528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J**  
**7777 GLADES ROAD, SUITE 200**  
**BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name **~~ASARCH, STEVEN J~~**  
Street Address (P.O. Box Number is Not Acceptable) **Suite 250**  
**2385 Exclusive Center Drive**  
City **Boca Raton FL** Zip Code **33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WINITSKY, HOWARD 2255 GLADES ROAD, SUITE 227W BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>2385 Exclusive Center Drive Suite 250</b> <b>Boca Raton FL 33431</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *3/17/00* *(561) 698-9466*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)