

2001 UNIFORM BUSINESS REPORT (UBR)

0032424 SP

DOCUMENT # L99000004218

1. Entity Name
DONATELLA COMMUNICATIONS LLC

FILED

01 MAY -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9250 HIGHWAY ALT A1A
LAKE PARK FL 33403

Mailing Address
9250 HIGHWAY ALT A1A
LAKE PARK FL 33403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0935519

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

DONNINI, GERALD J
9250 HIGHWAY ALT A1A
LAKE PARK FL 33403

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM DONNINI, GERALD J ☐ Delete
STREET ADDRESS 9250 HIGHWAY ALT A1A
CITY-ST-ZIP LAKE PARK FL

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

TITLE NAME MGRM DONNINI, JAMES T ☐ Delete
STREET ADDRESS 9250 HIGHWAY ALT A1A
CITY-ST-ZIP LAKE PARK FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800004316018-5
CITY-ST-ZIP -05/24/01-01102-003
*****50.00 - *****50.00

TITLE NAME MGRM SPENCER, RICHARD ☒ Delete
STREET ADDRESS 9250 HIGHWAY ALT A1A
CITY-ST-ZIP LAKE PARK FL

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

TITLE NAME Mang. member Michael L. Shepherd ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME member Christopher Cain ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Gerald J. Donnini* ☒ Member Gerald J. Donnini 4-27-01 (561)863-6909

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

Date

Daytime Phone #

CR2E083 (11/00)