

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 19 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005142

1. Entity Name

DAWSON ASSOCIATES APPRAISERS OF FLORIDA, L.C.

Principal Place of Business

SUITE M207
44 COCOANUT ROW
PALM BEACH FL 33480

Mailing Address

SUITE M207
44 COCOANUT ROW
PALM BEACH FL 33480-4005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THIBADEAU, PAUL~~
~~50 SOUTH U.S. HIGHWAY ONE, SUITE 200~~
~~JUPITER FL 33477~~

Name

KENNETH R. DAWSON

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

44 COCOANUT ROW, Suite M207

City

PALM BEACH

FL

Zip Code

33480

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DAWSON, LINDA J
223 ATLANTIC AVENUE 256 ATLANTIC AVE
PALM BEACH FL 33480

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DAWSON, KENNETH R
223 ATLANTIC AVENUE 256 ATLANTIC AVE
PALM BEACH FL 33480

TITLE
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CITY- ST- ZIP
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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 #

KENNETH R. DAWSON

5/14/00 561-835-6930

CR2E083 (9/97)