

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005193

1. Entity Name

DUE WEST, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

2221 LEE ROAD, SUITE 22
WINTER PARK FL 32789

Mailing Address

2221 LEE ROAD, SUITE 22
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 N. New York Ave.

3. Mailing Address

400 N. New York Ave.

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Suite 114

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3595536

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POINSETTE, LEO J

2221 LEE ROAD, SUITE 22
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Poinsette, Leo J.

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

400 N. New York Ave.

Suite 114

City

Winter Park

FL

Zip Code

32789

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

9-5-00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME POINSETTE, LEO J
STREET ADDRESS 2221 LEE ROAD, SUITE 22
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Poinsette, Leo J.
STREET ADDRESS 400 N. New York Ave. Suite 114
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003391890--5
CITY-ST-ZIP -09/13/00--01078--009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

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

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

TITLE ☐ 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 REQUIRED

Leo J. Poinsette 9-5-00 407/740-8747

Date

Daytime Phone #

CR2E083 (5/00)