

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006254**

1. Entity Name
DE LAIRE OF FLORIDA, L.L.C.

FILED
00 MAR -8 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
55 Allen Loop Rd.
Santa Rosa Beach,
Fl. 32459

Mailing Address
P.O. Box 2527
Santa Rosa Beach,
Fl. 32459

2. Principal Place of Business
55 Allen Loop Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2527
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Santa Rosa Beach, Fl.

City & State
Santa Rosa Beach, Fl.

Zip
32459

Country
USA

Zip
32459

Country
USA

4. FEI Number
58-3607712

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
John M. Poole
55 Allen Loop Rd.
Santa Rosa Beach, Fl.
32459

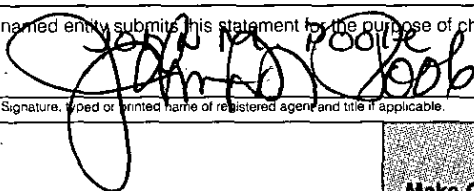
7. Name and Address of New Registered Agent

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  (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
managing member	John M. Poole	55 Allen Loop Rd.	Santa Rosa Beach, Fl. 32459	<input type="checkbox"/>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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*******50.00 *****50.00**

dcc

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:  (850) 267-3291
2/23/00 (504) 845-0730
Date Daytime Phone #

CR2E083 (11/99)