

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018980 AF

DOCUMENT # L99000006358

1. Entity Name  
SIMDAG INVESTMENTS, LLC

FILED

01 FEB -5 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2840 WEST BAY DRIVE #135  
BELLEAIR BLUFFS FL 33770

Mailing Address  
2840 WEST BAY DRIVE #135  
BELLEAIR BLUFFS FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3603756

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

HARRIS JR, CHARLES M  
101 EAST KENNEDY BLVD., STE 2700  
TAMPA FL 33601

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 \$55.00  
Make Check Payable to Department of State

200003672922--4  
-02/09/01--01096--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME DAGOSTINO, FRANK  
STREET ADDRESS 1751 CHARITY DRIVE  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME SIMON, JODY  
STREET ADDRESS 16603 VILALANDA DE AVILA  
CITY-ST-ZIP TAMPA FL 33613

TITLE  
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CITY-ST-ZIP

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TITLE  
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*

01/30/01

(615) 844-6180

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

Date

Daytime Phone #

CR2E083 (11/00)