

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007145

1. Entity Name
DORNIER LITHO OF FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

12906 ROYAL GEORGE AVENUE
ODESSA FL 33556

Mailing Address

12906 ROYAL GEORGE AVENUE
ODESSA FL 33556

2. Principal Place of Business

11443 Key Deer Circle

3. Mailing Address

11443 Key Deer Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

59-3606454

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

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

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD

200 S. BISCAYNE BLVD., STE 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

201 Alhambra Circle, Ste. 601 (New Address)

City

Coral Gables

FL

Zip Code

33134

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/MANAGERS

TITLE NAME
Manager Ronald R. Fieldstone
STREET ADDRESS 201 Alhambra Circle, #601
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

TITLE NAME
Manager Landon K. Thorne, III
STREET ADDRESS 2 Means Bluff Way
CITY-ST-ZIP Sheldon, SC 29941 ☐ Delete

TITLE NAME
Manager Paul Jernigan
STREET ADDRESS 1155 Roberts Blvd.
CITY-ST-ZIP Kennesaw, GA 30144 ☐ Delete

TITLE NAME
Manager George Honeycutt
STREET ADDRESS 1155 Roberts Blvd.
CITY-ST-ZIP Kennesaw, GA 30144 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003350193--0
--08/08/00--01104--022
*****50.00 *****50.00

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

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

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

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

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 OF Ronald R. Fieldstone, Manager 7/ 24/00 305-357-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)