

2001 UNIFORM BUSINESS REPORT (UBR)

0006073 AF

DOCUMENT # L99000007661

1. Entity Name
D.C. DEVELOPMENT GROUP LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 1:02

Principal Place of Business
9101 INTERNATIONAL DRIVE
STE 1010
ORLANDO FL 32819

Mailing Address
9101 INTERNATIONAL DRIVE
STE 1010
ORLANDO FL 32819



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 58-2505742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAOUST, PIERRE M
9101 INTERNATIONAL DR., STE 1010
ORLANDO FL 32819

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 DATE FEB 27, 2001

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

TITLE MGR
NAME DAOUST, PIERRE
STREET ADDRESS 9101 INTERNATIONAL DRIVE, SUITE 1010
CITY-ST-ZIP ORLANDO FL 32836

☐ Delete

TITLE MGR
NAME DAOUST, JEAN
STREET ADDRESS 9101 INTERNATIONAL DRIVE, SUITE 1010
CITY-ST-ZIP ORLANDO FL 32836

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300003819028
-03/08/01--01082--012
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 REQUIRED

FEB 27, 2001

407/352-6588

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

Date

Daytime Phone #

CR2E083 (11/00)