## **2000 UNIFORM BUSINESS REPORT (UBR)**

	ONIFORM BOSI	MESS NEFO		(ODI	•/		•		·
DOCU 1. Entity Nam	MENT # L9900	·		FILED SECRETARY OF STATE	,				
DUNPHY	CLOTHIERS, L.L.C.	DIV	SECRETARY OF STATE VISION OF CORPORATION	S					
						0 JUL 10 AM 9: 25			
Principal Place of Business Mailing Address						^-	j		
500 TRINITY LANE. #2304 500 TRINITY LANE. #2304 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716									
	•	-				- 1 1 <b>50</b> 011 <b>0</b> 01 010 10116 14111 00111 00111 1 <b>41</b> 011			
Principal Place of Business     3. Mailing Address									
		P.O. BOX 20799				DO NOT WIDITE IN THIS SOACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		ST. PETERSBURG FL			4. FEI I	Number 363 780	4 A	oplied For ot Applicable	
Zip	Country	Zip 2 2 - 1 / 2	Coun	trv		ificate of Status Desired	\$5.00 Ad	ditional	
	6. Name and Address of Current F	33744   Registered Agent	FIN	ELLI	<u> </u>	e and Address of New Registe	Fee Require red Agent	ed	-
	MADIV		_Name _	ne					
DUNPHY, MARK 500 TRINITY LANE #2304				Street Ac	ddress (P.O. Box I	Number is Not Acceptable)			
ST. PETERSBURG FL 33716						-	-		
	$\Lambda_{\bullet}$	٠		City			Zip Cod	le	
8. The above named entry submits trips statement to the surpose of changing its egistered office or registered agent, or both, in the State of Florida.									
SIGNATURE .	/ Maril 3	/W	\			5-dal-	-00		
	Signature, typed or printed name of registered agent a	nd title if applicable (LOTE	d Apent signatu	re required when reinstat	ting) DA	TE		 	
			EE IS \$						
		Make Check Pay	/able ti	o oepai (ii	nent of State				
9.	MANAGING MEMBE	RS/MEMBERS  Delete	10.		MGR	ADDITIONS/CHAN	Change	Addition	-E
NAME			NAM	E	MARK	L. DUNPHY INITY LANE,	#2304		ORCHARIN
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	ST. PET	ERSBURG FL	- 3371	6-1233	Ö
TITLE	, ,	☐ Delete	TITLE		•	<del></del>	Change	Addition	Ę.
NAME STREET ADDRESS	- ;		NAM STRE	ET ADDRESS					
CITY-8T-ZIP	The second secon	<u>ت المرات الم</u>	CITY.	ST-ZIP	2 - 2	¥ ,	Change	Addition	-
NAME	المراسية لادامات والمتعاطية المعالمة ال	Delete Delete	MAM		ನ್ಯ ಕನ್ನಡ ಅಡಿತ		. —		-
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS • ST-ZIP		00000332 -07/19/00-	-011230	026	
TITLE		Delete	TITLE			*****50.0		O Audition	
NAME STREET ADDRESS			NAM STRE	E Et address	•				
CITY-81-ZIP			-∦	8T-ZIP					
TITLE NAME	,	∟ Deicte	MAIN				Change	Addition	
STREET ADDRESS CITY-ST-ZIP -				ET ADDRESS ST-ZIP					
TITLE ;		☐ Delete	TITLE	- +			Change	Addition	
NAME STREET ADDRESS			NAMI STRE	E Et addre <b>ss</b>		,			
CITY-ST-ZIP	,			*T-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and t ability company or the receiver or trustee	this filing does not qualify for that my signature shall have t	the exer	nption state legal effec	ed in Section 119.	07(3)(i), Florida Statutes. I further or oath; that I am a managing me	certify that the i	nformation er of the	
limited lia	ibility company or the receiver or trustee	empowered to execute this r	eport as	required by	у спартег 608, Н	onda Statutes.			
SIGNAT		USEPFICE		ZYUU Y	$\sim$	5-22			
<del></del>		TED NAME OF SIGNING MANAGING I	MEMBER O	R MANAGER		Date	Daytime Phone #	{	