

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0008233  
AF

DOCUMENT # L99000008388

1. Entity Name  
DALTON NORTH, LLC

00 APR -6 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf*

Principal Place of Business  
204 HARBOR VIEW LANE  
LARGO FL 33770

Mailing Address  
204 HARBOR VIEW LANE  
LARGO FL 33770-4007



2. Principal Place of Business  
2840 W. BAY DRIVE #135

3. Mailing Address  
2840 W. BAY DRIVE #135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BELLEAIR BLUFFS, FL

City & State  
BELLEAIR BLUFFS, FL

4. FEI Number  
59-362185

Applied For  
Not Applicable

Zip  
33770

Country  
USA

Zip  
33770

Country  
USA

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, CHARLES M JR.  
101 EAST KENNEDY BLVD., SUITE 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

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

10. ADDITIONS/CHANGES

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
JOEY SIMON  
16603 VILLENDA DE AVILA  
TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700003221527-2  
-04/24/00-01157-009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
ROBERT LYONS  
2006 BEACH TRAIL  
INDIAN ROCKS BEACH, FL 33785

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

2/28/00

Date

(800) 581-6452

Daytime Phone #

CR2E083 (9/99)