

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008588**

1. Entity Name

**DAVIE BUILDERS, LLC**

Principal Place of Business

**2615 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328**

Mailing Address

**PO BOX 15728  
PLANTATION FL 33318-5728**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0967657**

Applied For

Not Applicable

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

**STELNIK, MARK E  
2615 S. UNIVERSITY DRIVE  
DAVIE FL 33328**

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  
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME ~~STELNIK, MARK E~~  
STREET ADDRESS **2615 SOUTH UNIVERSITY DRIVE**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Change ☐ Addition  
NAME **STELNIK, MARK E** (Correct Spelling)  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **HOOVER, JOHN W JR**  
STREET ADDRESS **2615 SOUTH UNIVERSITY DRIVE**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **500004481315--7**  
CITY-ST-ZIP **-07/17/01--01091--004**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Mark E. Stelnik*

**Mark E. Stelnik**  
Manager

**7/3/2001**

**954 474-2800**

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE

FILED  
01 JUL 11 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**