

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008990

1. Entity Name

D.S. WARE HOMES, L.L.C.

LIMITED FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business

2931 Plummer Cove Road
Jacksonville, FL
32223

Mailing Address

2931 Plummer Cove Road
Jacksonville, FL
32223

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 59-3614708

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

J.H. Sheffield, P.A.
4209 Baymeadows Road Ste 4
Jacksonville, FL 32217

7. Name and Address of New Registered Agent

Name

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

500003315695-6

07/07/00-01009-017

City

*****50.00 FL *****00.00

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mba
STREET ADDRESS	Donald S Ware Jr
CITY-ST-ZIP	2931 Plummer Cove Road
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mba
STREET ADDRESS	Charles W Arnold III
CITY-ST-ZIP	2931 Plummer Cove Road
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mba
STREET ADDRESS	Patricia DeCrosta
CITY-ST-ZIP	2931 Plummer Cove Road
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mba
STREET ADDRESS	Stephanie A Baucum
CITY-ST-ZIP	2931 Plummer Cove Road
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mba
STREET ADDRESS	Karen T Chappell
CITY-ST-ZIP	2931 Plummer Cove Road
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

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

4-28-00

Date

904 262 3897

Daytime Phone #

CR2E083 (11/99)