

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008990

1. Entity Name

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

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

2931 PLUMMER COVE ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3614708

Applied For

Not Applicable

Zip

32223

Country

USA

Zip

Country

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. HOWARD SHEFFIELD, P.A.  
4209 BAYMEADOWS ROAD, SUITE 4  
JACKSONVILLE FL 32217

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.

J. HOWARD SHEFFIELD, P.A.

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

700004420137--7  
-06/14/01--01074--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME WARE, DONALD S JR  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE MGRM  
NAME ARNOLD, CHARLES W III  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE MGRM  
NAME DECROSTA, PATRICIA  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE MGRM  
NAME BUACUM, STEPHANIE A  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☒ Delete

TITLE MGRM  
NAME CHAPPELL, KAREN T  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME DAVID HINSON  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☐ Change ☒ Addition

TITLE MGR  
NAME LISA LYNN WADDELL  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☐ Change ☒ Addition

TITLE MGR  
NAME SUSAN JOHNSON  
STREET ADDRESS 2931 PLUMMER COVE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☐ Change ☒ Addition

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

TITLE NAME  
STREET ADDRESS  
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:

*Donald S. Ware, Jr.*  
DONALD S. WARE, JR.

5-31-01

904-262-3897

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

Date

Daytime Phone #

CR2E083 (11/00)

0002842 AF

FILED

01 JUN -4 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

