

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010775

DOCUMENT # L99000009157

1. Entity Name  
DAJ'S LAND O' LAKES, L.L.C.

FILED

02 OCT -4 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2119 WEST BRANDON BOULEVARD, SUITE A  
BRANDON FL 33511

Mailing Address  
2119 WEST BRANDON BOULEVARD, SUITE A  
BRANDON FL 33511

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 59-3619697

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

NEUKAMM, JOHN B  
100 NORTH TAMPA STREET, SUITE 1900  
TAMPA FL 33602

Name John B. Neukamm  
Street Address (P.O. Box Number is Not Acceptable)  
101 E. Kennedy Blvd  
City Tampa FL Zip Code 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

600008289096--7  
-10/09/02--01063--013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME JOHNSON, DEBRA A  
STREET ADDRESS 2119 WEST BRANDON BOULEVARD, SUITE A  
CITY-ST-ZIP BRANDON FL 33511

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME JOHNSON, DAVID A  
STREET ADDRESS 2119 WEST BRANDON BOULEVARD, SUITE A  
CITY-ST-ZIP BRANDON FL 33511

TITLE  
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

9/23/2002

CR2E083 (4/02)