

2001 UNIFORM BUSINESS REPORT (UBR)

0007410 AF

DOCUMENT # L99000009293

1. Entity Name

D'ASIGN ESCAPES LLC

FILED

01 FEB 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11450 OVERSEAS HWY.
MARATHON FL 33050

Mailing Address

11450 OVERSEAS HWY.
MARATHON FL 33050

2. Principal Place of Business

11500 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Address

11500 Overseas Hwy

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

4. FEI Number

65-0529929

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

33050

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ASCANIO, FRANCO L
11450 OVERSEAS HWY.
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

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

11500 Overseas Hwy

City

Marathon

FL

Zip Code

33050

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 MGR
NAME D'ASCANIO, ANTHONY
STREET ADDRESS 204 S. ANGLERS DR.
CITY-ST-ZIP MARATHON FL 33050 ☐ Delete

TITLE MGR
NAME D'ASCANIO, AMEDEO
STREET ADDRESS 295 14TH STREET
CITY-ST-ZIP KEY COLONY BEACH FL 33051 ☐ Delete

TITLE MGR
NAME D'ASCANIO, FRANCO
STREET ADDRESS 431 2ND STREET
CITY-ST-ZIP KEY COLONY BEACH FL 33051 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003768488-5
-02/26/01--01136--015
*****50.00 *****50.00

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

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

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

Date

1-26-01

Daytime Phone #

305.743.7130

CR2E083 (11/00)