

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000245

1. Entity Name
DINING AND ENTERTAINMENT CLUBS OF AMERICA, L.L.C

Principal Place of Business
9331 ADAMO DR.
TAMPA FL 33619

Mailing Address
501 HOLLY LANE
BRANDON FL 33510

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 59-3306564

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELSER, BRIAN E
9331 ADAMO DR.
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name Brian E. Elser
Street Address (P.O. Box Number is Not Acceptable)
501 Holly Lane
City Brandon FL Zip Code 33510

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 Brian E. Elser
Signature, typed or printed name of registered agent and title if applicable.

Registered Agent
(NOTE: Registered Agent signature required when reinstating)

3-21-01
DATE

FILE-NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ☒ Delete
STREET ADDRESS ELSER, SAMMIE H
CITY-ST-ZIP 2240 HERON CIRCLE
CLEARWATER FL 34622

TITLE NAME MGR ☐ Delete
STREET ADDRESS ELSER, ARLOE E
CITY-ST-ZIP 450 E. HAMILTON LANE
BATTLE CREEK MI 49015

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Change ☒ Addition
STREET ADDRESS Harder, Betty
CITY-ST-ZIP 806 Smith Bay Dr.
Brandon, FL. 33510

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS Elser, Arlon E
CITY-ST-ZIP 450 E. Hamilton Lane
Battle Creek, MI. 49015

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003930332-4
CITY-ST-ZIP -03/29/01--01113--010
*****55.00 *****55.00

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

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

TITLE NAME ☐ Change ☐ Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Arlo E. Elser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-01 (616) 968-3212
Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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