## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9800000532						FILED			
1. Entity Name  DART GROUP LLC					}	00 JAN 24 AM II: 14			
Principal Place of Business Mailing Address 3920 RCA BLVD SUITE 2004 3920 RCA BLVD SUITE 2004					SECRETARY OF STATE TALLAHASSEE. FLORIDA				
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-4				<b>-4283</b>	}	1 1821261 218 18121 18111 82111 88111			
Principal Place of Business     3. Mailing Address									
Suite, Apt.	,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEIN	65-0831068	<del></del>	Applied For Not Applied La	
Zip	Country	Zip	Country		5. Certi	ficate of Status Desired	□ \$5.00 A Fee Requi	dditional red	
	6. Name and Address of Current	Registered Agent	4-	Name	~7. Nam	e and Address of New Re	gistered Agent -		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324									
			City			FL Zip Co	ode		
8. The above	named entity submits this statement fo	the purpose of changing its	s registere	ed office or registe	ered agent,	or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agent	the description of the second	TF Danier	d Agent signature require			DATE		
	Signature, typed or printed marte or registered again.					ng)	DAIE		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of Si									
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/C	HANGES		
TITLE NAME	MGRM   SPINELLO, MARK J	☐ Delete	TITLE	i i		000003	□ Chango 118940		
STREET ADDRESS GITY-ST-ZIP	3920 RCA BLVD., SUITE 2004 PALM BEACH GARDENS FL 334	10		ET AUDRES\$		000003 -02/01/ ******	/0001100- 50.80 ****	~012 *50.00	
TITLE		☐ Ocieta	TITLE	ſ			☐ Change		
NAME STREET ADDRESS				ET ADDRESS		$\sim 0$	,		
CITY-8T-ZIP	- Andrews & Superior & Superior	Delete	- HITE	87-ZIP		111	Change	- Addition	
NAME STREET ADDRESS			NAM! STRE	E Et address		$\bigcup$			
CITY-81-ZIP				BT-ZIP			Change	Addition	
TITLE MANGE		Li Délata	NAMA				€ Casuge		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE Name		☐ Delete	TITLE	. 1			Change	Addition	
STREET ADDRESS (	· · ·			ET ADDRESS					
TITLE		☐ Delute	TITLE		<del></del>		Change	Addition	
NAME STREET ADORESS	: .			ET ADDRESS					
CITY-8T-ZIP	pertify that the information supplied with	this filing does not qualify fo	or the exer	nption stated in S	ection 119.0	07(3)(i), Florida Statutes. I fu	urther 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: /// SPINELLO 1/20/00 561-694-0110									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #									