

# 2001 UNIFORM BUSINESS REPORT (UBR)

00268865 AF

DOCUMENT # M98000001194

1. Entity Name  
DANDAR INVESTMENT COMPANY-FLORIDA, LLC

FILED

01 MAR 13 PM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

~~5022 RIVERSIDE DRIVE~~  
~~DUBLIN OH 43017~~

Mailing Address

C/O GEORGE JENKINS  
52 E GAY ST  
COLUMBUS OH 43215

2. Principal Place of Business

Lot 1, Curry Ford Comm  
Subdiv.

3. Mailing Address

C/O Daniel R Wilkinson  
2214 Woodford Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Vienna VA

4. FEI Number

31-1621023

NOT APPLICABLE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

22182

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

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 MGRM  
NAME DANIEL R. WILKINSON  
STREET ADDRESS ~~5022 RIVERSIDE DRIVE~~  
CITY-ST-ZIP ~~DUBLIN OH 43017~~

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 2214 Woodford Drive  
CITY-ST-ZIP Vienna VA 22182

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100003891321-5  
-03/21/01--01105--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

Date

Daytime Phone #

3-10-01

703-876-6325

CR2E083 (11/00)