

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016339 AF

DOCUMENT # M99000000097

1. Entity Name
DORVIDOR MANAGEMENT COMPANY, LLC

Principal Place of Business
5831 CEDAR LAKE ROAD
ST LOUIS PARK MN 55416

Mailing Address
5831 CEDAR LAKE ROAD
ST LOUIS PARK MN 55416-1481

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 41-1852759

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRANN, DON
5625 FOREST HAVEN CIRCLE
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: Dan Devereaux
Street Address (P.O. Box Number is Not Acceptable): 5625 Forest Haven Circle
City: Tampa FL Zip Code: 33615

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: Daniel J Devereaux (Signature, typed or printed name of registered agent and title if applicable.) DATE: 4-28-00 (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR
NAME: BARTRAM, IRENE S
STREET ADDRESS: 5831 CEDAR LAKE RD
CITY-ST-ZIP: ST LOUIS PARK MN 55416 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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TITLE: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

4-27-00 (612) 525-2000

CR2E083 (9/99)