

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3130



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000596

1. Entity Name  
DTC HOLDINGS OF MICHIGAN, LLC

Principal Place of Business  
3501 SW CORPORATE PARKWAY  
PALM CITY FL 34990

Mailing Address  
3501 SW CORPORATE PARKWAY  
PALM CITY FL 34990-8150

2. Principal Place of Business  
3399 PGA Blvd.

3. Mailing Address  
3399 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 450

Suite 450

City & State

City & State

Palm Beach Gardens, FL

Palm Beach Gardens, FL

Zip  
33410

Country  
USA

Zip  
33410

Country  
USA

4. FEI Number 65-0904608

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHASEN, DONALD L  
3501 SW CORPORATE PARKWAY  
PALM CITY FL 34990

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
3399 PGA Blvd.

Suite 450

City

Palm Beach Gardens

FL

Zip Code  
33410

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUMMINGS, KEITH L 3501 SW CORPORATE PARKWAY PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASEN, DONALD L 3501 SW CORPORATE PARKWAY PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIDO, THOMAS P 322 GEORGIA AVE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3399 PGA Blvd, Suite 450 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3399 PGA Blvd, Suite 450 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003195899--5 -04/04/00--01099--004 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

3-15-00 561-630-6110

Date

Daytime Phone #

CR2E083 (9/99)