

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002088

1. Entity Name

D L F MANAGEMENT SERVICES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90143 019 \*\*\*150.00

Principal Place of Business

7800 N. UNIVERSITY DRIVE #201  
TAMARAC FL 33321

Mailing Address

7800 N. UNIVERSITY DRIVE #201  
TAMARAC FL 33321-2106

2. Principal Place of Business

1700 UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
300

3. Mailing Address

1700 UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
300

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33071

Country

BROWARD

Zip

33071

Country

BROWARD

4. FEI Number

65-0720157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORSE, RICK M  
7800 N UNIVERSITY DR  
SUITE 201  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name - SAME

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

1700 UNIVERSITY DR  
SUITE 300

City

CORAL SPRINGS

FL

Zip Code

33071

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME FRIEDMAN, DAVID L  
STREET ADDRESS 8441 NW 26TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE D  
NAME MORSE, RICK M  
STREET ADDRESS 7800 N UNIVERSITY DR  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D  
NAME RICK M MORSE  
STREET ADDRESS 1700 UNIVERSITY DR # 300  
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

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

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)