

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022869 AF

**FILED**

01 JAN 30 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L00000006377  
**1. Entity Name**  
 402 NOLAND DR., L.L.C.

**Principal Place of Business**      **Mailing Address**  
 % KENT RUNNELLS. ESQ.      % KENT RUNNELLS. ESQ.  
 101 MAIN STREET. SUITE A      101 MAIN STREET. SUITE A  
 SAFETY HARBOR FL 34695      SAFETY HARBOR FL 34695

**Principal Place of Business**      **3. Mailing Address**  
 402 Noland DRIVE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**City & State**      **City & State**  
 RANDON      Florida  
**Zip**      **Country**      **Zip**      **Country**  
 3511      Hillsborough

**4. FEI Number**      **Applied For**  
 59-3650485       Not Applicable  
**5. Certificate of Status Desired**       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 RUNNELLS, KENT  
 101 MAIN STREET, SUITE A  
 SAFETY HARBOR FL 34695

**7. Name and Address of New Registered Agent**  
**Name**      IVAN Ackerman MD  
**Street Address (P.O. Box Number is Not Acceptable)**  
 402 NOLAND DRIVE  
**City**      BRANDON      **FL**      **Zip Code**      33511

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]*      **DATE**      1/22/01  
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	Ivan Ackerman MD PRESIDENT 402 Noland Drive BRANDON, FL 33511 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003631466-8 -02/02/01--01105--022 *****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

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE REQUIRED**      *[Signature]*      **DATE**      1/22/01      **Daytime Phone #**      (813) 655-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)