

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011368

1. Entity Name

ARTIST MANAGEMENT RESOURCES, L.C.

Principal Place of Business

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

2. Principal Place of Business

649 S.W. Whitmore Drive

3. Mailing Address

649 S.W. Whitmore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-1041960

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34984

Country

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

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.

4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

JOSEPH G. BUTERA, JR.

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

649 SW WHITMORE DRIVE

City

PORT ST. LUCIE

FL

Zip Code

34984

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 JOSEPH G. BUTERA, JR.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2001

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

800004163058--5
-05/08/01--01117--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
Simmons, Ronald, E.
649 S.W. Whitmore Drive
Port St. Lucie, FL 34984

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
Bongiovi, Anthony
649 S.W. Whitmore Drive
Port St. Lucie, FL 34984

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
Ferguson, Anthony
649 S.W. Whitmore Drive
Port St. Lucie, FL 34984

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
Butera, Joseph
649 S.W. Whitmore Drive
Port St. Lucie, FL 34984

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

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: JOSEPH G. BUTERA, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/2001

561-879-9460

CR2E083 (11/00)