

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015215

1. Entity Name

ANALYTICS
SEER TECHNOLOGIES, LLC

Principal Place of Business
518 N. TAMPA STREET
SUITE 250
TAMPA, FL 33602

Mailing Address
2506 EDGEWOOD RD.
TAMPA, FL 33609

2. Principal Place of Business
518 N. TAMPA STREET
Suite, Apt. #, etc.
SUITE 250

3. Mailing Address
2506 EDGEWOOD RD.
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
S9-3685869

Applied For
Not Applicable

Zip
33602

Country
USA

Zip
33609

Country
USA

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

DO NOT WRITE IN THIS SPACE

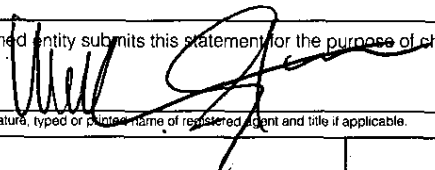
6. Name and Address of Current Registered Agent

WILLIAM LAZARUS
2506 EDGEWOOD ROAD
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name
WILLIAM LAZARUS
Street Address (P.O. Box Number is Not Acceptable)
2506 EDGEWOOD ROAD
City
TAMPA FL Zip Code
33609

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  **WILLIAM LAZARUS, PRESIDENT/CEO** 4/11/01
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

800004037038--1
04/20/01--01129--012
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT & CEO
WILLIAM LAZARUS
518 N. TAMPA ST. SUITE 250
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CHAIR
JOAN SHAPIRO
5614 S. DORCHESTER
CHICAGO, IL 60637

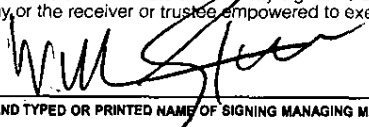
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGER
ROBERT PRESSNER
13601 TWIN LAKES LANE
TAMPA, FL 33624

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

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:  **WILLIAM LAZARUS, PRESIDENT/CEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/11/01 Daytime Phone # 813-318-0111

CR2E083 (11/00)