

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90012 026 ****50.00

DOCUMENT # L98000003430

1. Entity Name

ERICKSON HERSCOE/DESTEFANO AND PARTNERS, L.L.C.

Principal Place of Business

**849 7TH AVENUE SOUTH
 NAPLES FL 34102**

Mailing Address

**849 7TH AVENUE SOUTH
 NAPLES FL 34102**

846474

2. Principal Place of Business

849 7th Avenue South

3. Mailing Address

849 7th Avenue South

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3560336

Applied For

Not Applicable

Zip

Country

34102

USA

Zip

Country

34102

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
 3953 W.W. KELLEY ROAD
 TALLAHASSEE FL 32311**

Name

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

City

FL

Zip Code

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR DESTEFANO, JAMES R**
 STREET ADDRESS **505 NORTH LAKE SHORE DRIVE, APT. 5403**
 CITY-ST-ZIP **CHICAGO IL 60611**

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

TITLE ☐ Delete
 NAME **MGR ERICKSON, CARL**
 STREET ADDRESS **543 97TH AVENUE N**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE ☐ Delete
 NAME **MGR BURCHER, JOHN S**
 STREET ADDRESS **242 WEST ST. PAUL AVENUE**
 CITY-ST-ZIP **CHICAGO IL 60614**

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

TITLE ☐ Delete
 NAME **MGR HERSCOE, ROBERT**
 STREET ADDRESS **710 103RD AVE. N.**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE ☐ Delete
 NAME **MGR CLAGETT, LEONARD**
 STREET ADDRESS **688 5TH AVE. N.**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☒ Change ☐ Addition
 NAME **MGR CLAGETT, LEONARD**
 STREET ADDRESS **2980 CRAYTON ROAD**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Delete
 NAME **MGR FANNING, KATHY**
 STREET ADDRESS **138 SOUTH PLYMOUTH COURT**
 CITY-ST-ZIP **INVERNESS IL 60067**

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

[Signature]

CABLE ERICKSON

4-16-02

941-643-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)