

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 26 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000342**

1. Entity Name  
**RANDOLPH READ L.L.C.**

Principal Place of Business

1250 MAYVIEW WAY  
WELLINGTON FL 33414

Mailing Address

1250 MAYVIEW WAY  
WELLINGTON FL 02135-5959

2. Principal Place of Business

**128 BARBADOS DRIVE**

3. Mailing Address

**128 BARBADOS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JUPITER, FLORIDA**

City & State

**JUPITER, FLORIDA**

4. FEI Number

**65-0888004**

Applied For

Not Applicable

Zip

**33458**

Country

**USA**

Zip

**33458**

Country

**USA**

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

*mnm*

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BOULEVARD, #211  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

**JAMES R. QUICK**

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

**128 BARBADOS DRIVE**

City

**JUPITER**

**FL**

Zip Code

**33458**

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

*James R. Quick*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/04/00**  
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR**  Delete  
NAME **JAMES R. QUICK, D.M.D., J.D.**  
STREET ADDRESS **1250 MAYVIEW WAY**  
CITY-ST-ZIP **WELLINGTON FL 33414**

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 **MGR**  Change  Addition  
NAME **JAMES R. QUICK, D.M.D., J.D.**  
STREET ADDRESS **128 BARBADOS DRIVE**  
CITY-ST-ZIP **JUPITER, FLORIDA 33458**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James R. Quick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**James R. Quick**

**03/04/00**  
Date

**(561) 775-4566**  
Daytime Phone #

CR2E083 (9/99)