

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001654**

1. Entity Name  
**THE PALUMBO GROUP LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:24



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
10052 BOCA CIRCLE  
NAPLES FL 34109

Mailing Address  
10052 BOCA CIRCLE  
NAPLES FL 34109-7319

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **59-3567485**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PALUMBO, JAMES M**  
10052 BOCA CIRCLE  
NAPLES FL 34109

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<input type="checkbox"/> Delete
	MGRM <b>PALUMBO, JAMES M</b>	<b>10052 BOCA CIRCLE</b>	<b>NAPLES FL 34109</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*mf 2/24/00*  
800003148558-4  
-02/28/00--01012--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 M Palumbo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
**JAMES M PALUMBO**

Date **2/14/2000** Daytime Phone # **(941) 592-5218**

CR2E083 (9/99)