

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006094

1. Entity Name  
DON KLUMPP/ANNE RIPPY, L.C.

FILED  
00 JAN 24 PM 4: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 900 NE 89TH STREET MIAMI FL 33138	Mailing Address 900 NE 89TH STREET MIAMI FL 33138-3360
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 860 NE 84TH STREET Suite, Apt. #, etc.	3. Mailing Address 860 NE 84TH STREET Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0957566	Applied For Not Applicable
Zip 33138	Country USA	Zip 33138	Country USA

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

6. Name and Address of Current Registered Agent  
KLUMPP, DONALD G  
900 NE 89TH STREET  
MIAMI FL 33138

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
860 NE 84TH STREET  
City MIAMI FL Zip Code 33138

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLUMPP, DONALD G 900 NE 89TH STREET MIAMI FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIPPY, ANNE L 900 NE 89TH STREET MIAMI FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete 860 NE 84TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete 860 NE 84TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete 100003118211--! -02/01/00--01062--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete

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: *Anne L. Rippy* ANNE L. RIPPY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/16/00 (305) 756 3311  
Date Daytime Phone #