

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010420
AF

DOCUMENT # M99000000927

1. Entity Name
ADVISORS INTERNATIONAL, LLC

00 MAY -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
380 WEST ALFRED STREET
TAVARES FL 32778

Mailing Address
380 WEST ALFRED STREET
TAVARES FL 32778-3206



2. Principal Place of Business
4830 W. Kennedy Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
351

Suite, Apt. #, etc.
Same

City & State
Tampa FL

City & State

4. FEI Number 59-3581377
Applied For Not Applicable

Zip 33609 Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JANS, RICHARD C
380 WEST ALFRED STREET
TAVARES FL 32778

7. Name and Address of New Registered Agent
Name Same
Street Address (P.O. Box Number is Not Acceptable)
201 E. Pine Street
Suite 500
City Orlando FL Zip Code 32801

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 *Richard C. Jans* Richard C. Jans 4/28/00
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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JANS, RICHARD C 380 W. ALFRED ST. TAVARES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARSON, SHARON 380 W. ALFRED ST. TAVARES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYNES, TERRY M 380 W. ALFRED ST. TAVARES FL <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"/> Addition 201 E. Pine Street, Suite 500 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4830 W. Kennedy Blvd., Suite 351 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003279545--7 06/07/00 01021 018 *****50.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard C. Jans* Richard C. Jans 4/28/00 407-843-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)