

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND  
FILED

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DOCUMENT # L99000007000

1. Entity Name  
GINGER POT, LLC

00 MAY -1 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5030 CHAMPION BLVD., #GK-286  
BOCA RATON FL 33496

Mailing Address  
5030 CHAMPION BLVD., #GK-286  
BOCA RATON FL 33496-2473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5030 Champion Blvd G6-286

Suite, Apt. #, etc.

5030 Champion Blvd G6-286

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

MENOR, ARTHUR J.  
C/O SHUTTS & BOWEN LLP  
250 S. AUSTRALIAN AVENUE, SUITE 500  
WEST PALM BEACH FL 33401

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
PATRICIA CERISANO  
5030 Champion Blvd G6-286  
BOCA RATON FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003256581--3  
-05/18/00--01010--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
MICHAEL A. CERISANO  
5030 Champion Blvd G6-286  
BOCA RATON FL 33496

TITLE  
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)