

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 JUN 22 AF

DOCUMENT # **L99000006942**

1. Entity Name  
**1450 BANKS ROAD LLC**

00 MAY 30 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1700 N. DIXIE HWY. STE 125  
BOCA RATON FL 33432**

Mailing Address  
**1700 N. DIXIE HWY. STE 125  
BOCA RATON FL 33432-1817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0960040**

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

**SALMONSON, CHRIS R  
1700 N DIXIE HWY, STE 125  
BOCA RATON FL 33432**

Name ~~CHRIS R SALMONSON~~

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  **(NO CHANGE)** DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		MEMBER	
STREET ADDRESS		FUEL AMERICA LLC MGRM	
CITY-ST-ZIP		1700 N. DIXIE HIGHWAY SUITE 125	
		BOCA RATON, FL. 33432	
TITLE	<input type="checkbox"/> Delete	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PAUL SAPITA	
STREET ADDRESS		1700 N. DIXIE HIGHWAY SUITE 125	
CITY-ST-ZIP		BOCA RATON, FL. 33432	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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-06/15/00--01672-016  
\*\*\*\*\*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  **(SIGNATURE REQUIRED)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **4/28/00** Daytime Phone # **561-391-2309**