

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000968

1. Entity Name
ALADDIN TEMP-RITE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 23 AM 8:59

Principal Place of Business

555 MARIOTT DRIVE, SUITE 400
NASHVILLE TN 37214

Mailing Address

555 MARIOTT DRIVE, SUITE 400
NASHVILLE TN 37214

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2227 Welbilt Blvd.

Suite, Apt. #, etc.

City & State

City & State
New Port Richey, FL

4. FEI Number

06-1523665

Applied For

Not Applicable

Zip

Country

Zip

34655

Country

USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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/MANAGERS

TITLE NAME MGRM NASHVILLE HOLDING COMPANY ☐ Delete
STREET ADDRESS 225 HIGH RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06905

TITLE NAME MGRM TEMP-RITE HOLDING COMPANY ☐ Delete
STREET ADDRESS 225 HIGH RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06905

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM Nashville Holding Company ☒ Change ☐ Addition
STREET ADDRESS 2227 Welbilt Blvd.
CITY-ST-ZIP New Port Richey, FL 34655

TITLE NAME MGRM Temp-Rite Holding Company ☒ Change ☐ Addition
STREET ADDRESS 2227 Welbilt Blvd.
CITY-ST-ZIP New Port Richey, FL 34655

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003380298--6
CITY-ST-ZIP -09/01/00--01061--019

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☒ ~~50.00~~
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Patrick M. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/8/00 (727) 375-7010

Date

Daytime Phone #

CR2E083 (5/00)