2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L0000000296											
BICE, GLENNY, SANDERS & REICHERT, P.L.						FILED					
BICE, COLE, GLENNY, SANDERS & REICHERT, P.L						01 FEB 14 AM 9:46					
Principal Plac	e of Business	Mailing Address	Address								
1333 S.E. 25T OCALA FL 34	TH LOOP. SUITE 101 471	1333 S.E. 25TH LOOP. SI OCALA FL 34471	1333 S.E. 25TH ŁOOP. SUITE 101 OCALA FL 34471			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
			ĺ	I KORIJEKI BIK ODIKI DEKIL DOKU DOKU DOKU BERK EDIK DOKU PEKIL KIRIZ EKIK DIRIZ							
2. Principal P	Place of Business	3. Mailing Address	Mailing Address			†					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	City & State			4. FEI Number Applied For 59 – 3615680 Not Applicable					
Zip	Country	Zip	Zip Counti			5. Certificate of Status Desired Space Spa					
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent							
Nar											
GLENNY, 1333 S.E.			Street Address (P.O. Box Number is Not Acceptable)								
OCALA FI	L 34471										
				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 Fiorida.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE Make Check Payable to Dep						State					
9.	MANAGING MEME	BERS/MEMBERS	10.				ADDITIONS/CHA	NGES			
TITLE	•	. Delete 117			Cor	rporate Officer □ Change 🖸 Addition					
NAME STREET ADDRESS			MAM	E Et address		an A. Bice					
City-St-ZIP	,		City			33 S.E. 25th Loop, Suite 101					
TITLE			TITLE				te Officer	□ CI	nange	Addition	
NAME	<u> </u>		NAME		Sus	Susan J. Cole					
STREET ADDRESS CITY-ST-ZIP			STREI CITY-			2801 Ponce de Leon Blvd., Suita Coral Gables, FL 33134				te pol	
TITLE		☐ Delete	☐ DeleteTITLE			pora	te Officer		ange	K Addition	
NAME			NAM	NAME Da Da STREET ADDRESS 13		id~A	Glenny -	. 7 	. 10		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			E. 25th Loop, FL 34471	Suite	: 10	1	
TITLE		□ Delete	TITLE				te Officer	☐ Ct	nange	K] Addition	
NAME			NAM	E (Gar	y L. Sanders 3 S.E. 25th Loop, Suite 10			1		
STREET ADDRESS CITY-ST-ZIP							E. 25th Loop, FL 34471	Suite	. 10	1	
TITLE		□ Delete	TITLE				te Officer	Ct	ange	X Addition	
NAME		_ 5	NAMI	Ε	Sco	tt G	. Reichert		-		
STREET ADDRESS CITY-ST_ZIP				ET ADDRESS -ST-ZIP			E. 25th Loop,	Suite	10	1	
TITLE		Delete	TITLE		uca.	1 a , - 1	FL 34471	□ Ch	апое	Addition	
NAME		ריי חמומים	NAME				domona?		any. 30-		
STREET ADDRESS			1	ET ADDRESS			/]/ -02/20/0	10102	:8(322]	
CITY-ST-ZIP	portify that the information assets a set	h this filing does not		-ST-ZIP	and in Co.	tion 440.0	#************************************	<u> </u>		50.00	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusts	d that my signature shall have t	the same	e legal effec	ct as if ma	ide under	oath; that I am a managing n	er certify tha nember or m	t the infe anager	of the	