

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90183 008 ****50.00

DOCUMENT # L00000000296

1. Entity Name

BICE, COLE, GLENNY, SANDERS & REICHERT, P.L.

Principal Place of Business

**1333 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471**

Mailing Address

**1333 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3615680**

Applied For

Not Applicable

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

**GLENNY, DAVID A
1333 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **0** ☐ Delete
NAME **BICE, JEAN A**
STREET ADDRESS **1333 S.E. 25TH LOOP, SUITE 101**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **0** ☐ Delete
NAME **COLE, SUSAN J**
STREET ADDRESS **2801 PONCE DE LEON BLVD., SUITE 550**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **0** ☐ Delete
NAME **GLENNY, DAVID A**
STREET ADDRESS **1333 S.E. 25TH LOOP, SUITE 101**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **0** ☐ Delete
NAME **SANDERS, GARY L**
STREET ADDRESS **1333 S.E. 25TH LOOP, SUITE 101**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **0** ☐ Delete
NAME **REICHERT, SCOTT G**
STREET ADDRESS **1333 S.E. 25TH LOOP, SUITE 101**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

MANAGEMENT REQUIRED

2-6-02

352-732-2255

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

Date

Daytime Phone #

CP2E083 (9/01)