

2001 UNIFORM BUSINESS REPORT (UBR)

0006166 AF

DOCUMENT # L00000000558

1. Entity Name
WILSON & READ ASSET MANAGEMENT, LLC

FILED

01 MAR 20 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
111 EAST FAIRBANKS AVENUE, SUITE 100
WINTER PARK FL 32789

Mailing Address
111 EAST FAIRBANKS AVENUE, SUITE 100
WINTER PARK FL 32789



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
READ, ALEXANDER
111 EAST FAIRBANKS AVENUE, SUITE 100
WINTER PARK FL 32789

4. FEI Number 593-61-7041 ☐ Applied For ☐ Not Applicable

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

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 _____ (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

| | | | | |
|------------------|-----------------------------|---------------------------------------|--|---------------------------------|
| TITLE <i>mgr</i> | NAME <i>General Partner</i> | STREET ADDRESS <i>Alexander Read</i> | CITY-ST-ZIP <i>111 E. Fairbanks Ave, Ste 100 Winter Park, FL 32789</i> | <input type="checkbox"/> Delete |
| TITLE <i>mgr</i> | NAME <i>Darrell Wilson</i> | STREET ADDRESS <i>General Partner</i> | CITY-ST-ZIP <i>111 E. Fairbanks Ave, Ste 100 Winter Park, FL 32789</i> | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | | | |
|-------|------|----------------|-------------|---|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Alexander Read* **2/27/01 (407)629-2746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)