## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPE OF THE

DOCUMENT # L0000000626					FILED		
1. Entity Name REGAN & ROARK, L.L.C.			1	e <sup>k</sup>	OI MAR 15 AM 9: 26		
			•		SECRETARY OF STATE		
Principal Place of Busin	ess	Mailing Address			TALLAHASSEE, FLORIDA		
1101 GULF BREEZE PARKWAY, SUITE 119 1101 GULF BREEZE PARK			ARKWAY. S	SUITE 119			
GULF BREEZE FL 32561	I	GULF BREEZE FL 3256	<b>i1</b>				
		3. Mailing Address	iling Address		T LEBTIDII DII DELIA DDIA DDIA DDIA DELIA DELIA DRAM DRAM DDIA DRAM DIA DELIA DRAM DRAM DIA LEBTIDI DRAM DELIA DDIA DELIA DDIA DELIA DDIA DRAM DELIA DDIA DRAM DELIA DDIA DELIA DDIA DDIA DDIA DDIA DDIA DDIA DDIA D		
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		<u> </u>	4. FELNumber Appli	ied For	
					- 59 - 3694707 Not'A	pplicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required	onal	
6. Na	me and Address of Current R	legistered Agent		Ness	7. Name and Address of New Registered Agent		
POARK DONALD	Δ	•	~	Name		**	
ROARK, DONALD A 1101 GULF BREEZE PARKWAY, SUITE 119			į	Street Address (P.O. Box Number is Not Acceptable)			
GULF BREEZE FL				,			
•				City	FL Zip Code		
SIGNATURE	ntity submits this statement for		OTE: Registere	ed Agent signature req	uired when reinstating) DAYE		
SIGNATURE		nd title if applicable. (NC	DTE: Registere	ed Agent signature req	uired when reinstating) DAYE		
SIGNATURE Signature, by	ped or printed name of registered agent an  MANAGING MEMBE	nd title if applicable. (NC  FILE*  Make Check F  RS/MEMBERS	NOW!!!« Payable t	ed Agent signature req FEE-IS-\$50.4 to Departmen	t of State  ADDITIONS/CHANGES		
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SIGNATURE  Signature, by  9.  IIILE NAME STREET ADDRESS	MANAGING MEMBER  TO A. ROARK, P.  WHEN BRICER PAKE	Make Check F RS/MEMBERS A./MC-E-Mite Suite 119	NOW !!! a Payable t	FEE-IS-\$50.4 TO Departmen  E  E  E  E  E  E  E  E  E  E  E  E  E	t of State  ADDITIONS/CHANGES	IJ <del>4</del>	
SIGNATURE  Signature, by  9.  TiTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Gulf	MANAGING MEMBER  HOAR ROARK, P.  LIF BICCEC, FL 3	Make Check F RS/MEMBERS A./MC-EMite Suite 119	NOW !!! a Payable t  10. TITL NAM STRI	FEE=IS=\$50:  TO Departmen  E  AE  AE  C-ST-ZIP	#####25.00 DATE  ADDITIONS/CHANGES  -03/15/01010390  **####25.00 *******25	04 5.00 ———	
SIGNATURE  Signature, by  Signature, by  DD NF  STREET ADDRESS CITY-ST-ZIP  GULF	MANAGING MEMBER  THE BICERE PORTER  BICERE, FL 3	Make Check F  RS/MEMBERS  A./MC-EMpte  Scate 119  > SCI	NOW !!! a Payable t	FEE=IS=\$50:  TO Departmen  E  AE  E  E  FEE=IS=\$50:  FEE=IS=\$0:  F	#####25.00 DATE  ADDITIONS/CHANGES  -03/15/01010390  **####25.00 *******25	IJ <del>4</del>	
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NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE