

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90083 001 ****25.00
 02-07-2002 90083 002 ****25.00

DOCUMENT # L00000000626

1. Entity Name
REGAN & ROARK, L.L.C.

Principal Place of Business Mailing Address
1101 GULF BREEZE PARKWAY, SUITE 119 1101 GULF BREEZE PARKWAY, SUITE 119
GULF BREEZE FL 32561 GULF BREEZE FL 32561

2. Principal Place of Business 3. Mailing Address
125 S. Alcaniz St. (Same)
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1

City & State City & State
Pensacola FL
 Zip Country Zip Country
32501 Escambia

4. FEI Number **59-3694707** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROARK, DONALD A
1101 GULF BREEZE PARKWAY, SUITE 119
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
125 S. Alcaniz St.
Suite 1
 City **Pensacola** FL Zip Code **32501**

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 *Donald A. Roark* (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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **ROARK, DONALD A P.A.**
 CITY-ST-ZIP **1101 GULF BREEZE PARKWAY, SUITE 119**
GULF BREEZE FL 32561

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **REGAN, SHARON D P.A.**
 CITY-ST-ZIP **1101 GULF BREEZE PARKWAY, SUITE 119**
GULF BREEZE FL 32561

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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: *Donald A. Roark* **1-08-02** **850.432-1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)