

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000682

1. Entity Name  
VIETS BROTHERS, LLC

FILED

01 MAY -1 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>C/O ROBERT VIETS<br>4401 GULF SHORE BLVD., NORTH<br>NAPLES FL 34103 | Mailing Address<br>C/O ROBERT VIETS<br>4401 GULF SHORE BLVD., NORTH<br>NAPLES FL 34103 |
|--|--|

|  |  |               |                               |
|--|--|---------------|-------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 4. FEI Number | Applied For<br>Not Applicable |
|--|--|---------------|-------------------------------|

6. Name and Address of Current Registered Agent

VIETS, ROBERT O  
4401 GULF SHORE BLVD., NORTH  
NAPLES FL 34103

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 \_\_\_\_\_ (NOT : 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete |
| Robert Viets<br>4401 Gulf Shore Blvd. N.<br>Naples, FL 34103 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete |
| Gilbert Viets<br>4401 Gulf Shore Blvd N<br>Naples, FL 34103  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|  |                                 |

10. ADDITIONS/CHANGES

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

4-21-01 941-261-4879

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

Date

Daytime Phone #

CR2E083 (11/00)