

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90006 015 ****50.00

DOCUMENT # L00000000816

1. Entity Name
JOSEPH CAPITAL MANAGEMENT, LLC

Principal Place of Business
**7601 N FLORIDA AVE
 CITRUS SPRINGS FL 34434**

Mailing Address
**7601 N FLORIDA AVE
 CITRUS SPRINGS FL 34434**

2. Principal Place of Business
2450 N. Citrus Hills Blvd.

3. Mailing Address
2450 N. Citrus Hills Blvd.



DO NOT WRITE IN THIS SPACE

City & State
Hernando, FL 34442

Zip
34442

Country
CITRUS

City & State
Hernando, FL

Zip
34442

Country
CITRUS

4. FEI Number **59-3657921** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CEPARANO, JOHN J
 7601 N FLORIDA AVE
 CITRUS SPRINGS FL 34434**

7. Name and Address of New Registered Agent

Name
Ron A. Rhoades

Street Address (P.O. Box Number is Not Acceptable)
2450 North Citrus Hills Boulevard

City **Hernando** State **FL** Zip Code **34442**

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 *Ron A. Rhoades* DATE **4.15.02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEPARANO, JOHN J 7601 N FLORIDA AVE CITRUS SPRINGS FL 34434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COX, ALVAH 2424 N ESSEX AVE HERNANDO FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, JACQUELINE R 7215 HIAWATHA PKWY SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRINGALI, MICHAEL J 7655 W GULF TO LAKE HWY STE 9 CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIRGILIO, RAYMOND P 7215, HIAWATHA PKWY SPRING HILL FL 34606	<input checked="" 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	2450 N. Citrus Hills Blvd. Hernando, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2450 N. Citrus Hills Blvd. Hernando, FL 34442	<input checked="" 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	MGR Rhoades, Ron A. 2450 North Citrus Hills Boulevard Hernando, FL 34442	<input type="checkbox"/> Change <input checked="" 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: *Ron A. Rhoades* DATE **4-15-02** Daytime Phone # **352-746-4460**

REMOVED

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

L00000000816 CR2E083 (9/01)