

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-19-2002 90064 035 ****50.00

DOCUMENT # L00000002349

1. Entity Name

ROGER PRITCHARD, L.L.C.

Principal Place of Business

**1473 PERIWINKLE WAY
 SANIBEL FL 33957**

Mailing Address

**1473 PERIWINKLE WAY
 SANIBEL FL 33957**

- 18687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

65-0961730 DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRITCHARD, WILLIAM L
 1473 PERIWINKLE WAY
 SANIBEL FL 33957**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE
 NAME **MEM PRITCHARD, WILLIAM L** ☐ Delete
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE
 NAME **MEM PRITCHARD, PAULA B** ☐ Change ☐ Addition
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE
 NAME **MEM PRITCHARD, ROGER C** ☐ Delete
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE
 NAME **MEM GAETA, PAUL** ☐ Delete
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE
 NAME **MEM GAETA, MARGARETA** ☐ Delete
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE
 NAME **MEM SLANICKA, CJ** ☐ Delete
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE
 NAME **MEM ROBBINS, KATHY** ☐ Delete
 STREET ADDRESS **1473 PERIWINKLE WAY**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

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:

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

Date

Daytime Phone #

1/8/02 941-472-0131

CR2083 (9/01)