

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002616

1. Entity Name  
REVEILLE TRAINING CENTER, L.L.C.

FILED

01 MAY 11 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1245 MANDY LANE  
ASTOR FL 32102

Mailing Address

1245 MANDY LANE  
ASTOR FL 32102



2. Principal Place of Business

1245 MANDY LANE

3. Mailing Address

PO BOX 703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ASTOR, FL

City & State

ASTOR, FL

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip

32102

Country

USA

Zip

32102

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, JEFF  
1240 MANDY LANE  
ASTOR FL 32102

7. Name and Address of New Registered Agent

Name

DOREEN TORPEY

Street Address (P.O. Box Number is Not Acceptable)

1245 MANDY LANE

City

ASTOR

FL

Zip Code

32102

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

*Doreen Torpey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/01

~~FILE NOW!!! FEE IS \$50.00~~

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME JEFF O'NEILL, OWNER ☒ Delete  
STREET ADDRESS 1240 MANDY LANE  
CITY-ST-ZIP ASTOR, FL 32102

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME DOREEN TORPEY, MGR ☒ Change ☐ Addition  
OWNER  
STREET ADDRESS 1245 MANDY LANE  
CITY-ST-ZIP ASTOR, FL 32102

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

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

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

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

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:

*Doreen Torpey*

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

3/31/01

904-749-4049

Date

Daytime Phone #