

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90039 019 ****50.00

DOCUMENT # L00000003153

1. Entity Name

GROS FRERES ENTERPRISES, L.L.C.

Principal Place of Business

653 MAGNOLIA DRIVE
 ALTAMONTE SPRINGS FL 32701

Mailing Address

653 MAGNOLIA DRIVE
 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3632934

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

SELIGMAN, DONALD C
725 LAKE AVENUE
ALTAMONTE SPRINGS FL 32701

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

(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
 STREET ADDRESS
 CITY-ST-ZIP
MGR
SELIGMAN, JULIE L
653 MAGNOLIA DRIVE
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SELIGMAN, JULIE L

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
SELIGMAN, DONALD L
725 LAKE AVE.
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SELIGMAN, DONALD L

☒ Change

☐ Addition

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 CITY-ST-ZIP

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☐ Addition

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 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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:

Donald C. Seligman
DONALD C. SELIGMAN

Feb 25, 2002 407-786-4001
 Date Daytime Phone #

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

Date

Daytime Phone #

CR2E083 (9/01)