

# 2001 UNIFORM BUSINESS REPORT (UBR)

500-1-000

**DOCUMENT #** L00000003313

**1. Entity Name**  
LOBELLO-FESSLER INVESTMENTS, L.L.C.

**FILED**  
01 JAN 17 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
620 N.W. 35TH STREET  
BOCA RATON FL 33431

**Mailing Address**  
620 N.W. 35TH STREET  
BOCA RATON FL 33431

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** ☒ **Applied For**  
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
HCRM CORP.  
2200 CORPORATE BLVD., N.W., SUITE 401  
BOCA RATON FL 33431

**7. Name and Address of New Registered Agent**  
**Name** PETER LOBELLO  
**Street Address (P.O. Box Number is Not Acceptable)** 620 N.W. 35TH STREET  
**City** BOCA RATON **FL** **Zip Code** 33431

**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** *Peter Lobello* **PETER LOBELLO** **1-12-01**  
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**

**9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> LOBELLO, PETER 620 N.W. 35TH STREET BOCA RATON FL 33431	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> FESSLER, ROBERT G 620 N.W. 35TH STREET BOCA RATON FL 33431	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS 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:** *Peter Lobello* **1-12-01** **561-417-4537**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)