

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004441

1. Entity Name

ROBERT GILLMAN, LLC

FILED

01 AUG -2 AM 8:47

Principal Place of Business

7001 ISLEGROVE PLACE  
BOCA RATON FL 33433

Mailing Address

7001 ISLEGROVE PLACE  
BOCA RATON FL 33433

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7001 ISLEGROVE PL

3. Mailing Address

7001 ISLEGROVE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL 33433

City & State

BOCA RATON, FL 33433

4. FEI Number

65-0701778

Applied For

Not Applicable

Zip

Country

33433

USA

Zip

Country

33433

USA

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

GILLMAN, ROBERT N  
7001 ISLEGROVE PLACE  
BOCA RATON FL 33433

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT  
NAME ROBERT N. GILLMAN  
STREET ADDRESS 7001 ISLEGROVE PL  
CITY-ST-ZIP BOCA RATON, FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

ROBERT N. GILLMAN 6/29/01 561 482-7779

CR2E083 (5/01)