

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004649

1. Entity Name

CURB SYSTEMS OF SARASOTA, L.L.C.

Principal Place of Business

10964 K-NINE DRIVE  
BONITA SPRINGS FL 34145

Mailing Address

10964 K-NINE DRIVE  
BONITA SPRINGS FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

59-3630608

Applied For

Not Applicable

5. Certificate of Status Desired.

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASS, RAYMOND L JR,ESQ  
2335 TAMiami TRAIL NORTH, SUITE 409  
NAPLES FL 34103-4459

7. Name and Address of New Registered Agent

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**

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME TSCHETTER, GARY  
STREET ADDRESS 1135 7TH STREET SOUTH  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE MGRM  
NAME ROMER, WILLIAM J  
STREET ADDRESS 27271 RICHVIEW COURT  
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE MGRM  
NAME ROMER, JEFF  
STREET ADDRESS 212 DANBY ROAD  
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200003632072-7  
-02/05/01--01014--012  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

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:

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

Date

Daytime Phone #

FILED

01 JAN 29 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)