

2001 UNIFORM BUSINESS REPORT (UBR)

0020182 AF

DOCUMENT # L00000005426

1. Entity Name

GOLDBERG, RACILA, SICO & NOONE, L.L.C.

FILED

01 MAR 26 PM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PO BOX 190
FORT MYERS FL 33902

Mailing Address

PO BOX 190
FORT MYERS FL 33902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1006804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, SCOT D
1818 PICCADILLY CIRCLE
CAPE CORAL FL 33991

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 Member ☐ Delete
NAME Scot D. Goldberg
STREET ADDRESS 1533 Hendry Street, Suite 100
CITY-ST-ZIP Fort Myers, FL 33901

TITLE Member ☐ Delete
NAME Raymond Lee Racila
STREET ADDRESS 1533 Hendry Street, Suite 100
CITY-ST-ZIP Fort Myers, FL 33901

TITLE Member ☐ Delete
NAME Jerome A. Sico
STREET ADDRESS 1533 Hendry Street, Suite 100
CITY-ST-ZIP Fort Myers, FL 33901

TITLE Member ☐ Delete
NAME Michael M. Noone
STREET ADDRESS 1533 Hendry Street, Suite 100
CITY-ST-ZIP Fort Myers, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 0000003959620-0
STREET ADDRESS -04/04/01--01095--019
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

3/8/01 941-461-5308

CR2E083 (11/00)