

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006064

1. Entity Name

THE ENDANGERBLES, LC

01 JUL -2 AM 8:47

Principal Place of Business

Mailing Address

1080 PEBBLE BEACH CT.
APOPKA FL 32712

1080 PEBBLE BEACH CT.
APOPKA FL 32712

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22A SUITE 247
ORLANDO FL 32819-7610

Name JACK KIRSCHENBAUM

Street Address (P.O. Box Number is Not Acceptable)
1800 WEST HIBISCUS BLVD
1870

City MELBOURNE

FL

Zip Code 32902 1870

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

JACK KIRSCHENBAUM

(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 MGRM
NAME DODD, WILLIAM F
STREET ADDRESS 310 GOLF BROOK CIR #100
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS 1080 Pebble Beach CT
CITY-ST-ZIP APOPKA FL 32712 ☒ Change ☐ Addition

TITLE MGRM
NAME BRANT, ROBIN
STREET ADDRESS 15775 LAKESIDE VILLAGE DR #105
CITY-ST-ZIP CLINTON TOWNSHIP MI 48038 ☐ Delete

TITLE
NAME
STREET ADDRESS 1730 CHESTER RD #3
CITY-ST-ZIP ROYAL OAK, MI 48073 ☒ Change ☐ Addition

TITLE MGRM
NAME PICCININI, MARTEN W
STREET ADDRESS 1080 PEBBLE BEACH CT
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

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

TITLE MGRM
NAME BENNER, MICHAEL
STREET ADDRESS 500 OSCEOLA AVE #211
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE