

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006085

1. Entity Name
CHERIOGOTIS-FOSTER, L.L.C.

Principal Place of Business
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

Mailing Address
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

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

☒ Applied For
☐ Not Applicable

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

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM
FOSTER, WILLIAM SCOTT
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

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

TITLE NAME MGRM
SPIRO N. CHERIOGOTIS, TRUSTEE
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600004085238
-04/27/01--01079--004
*****50.00 *****50.00

TITLE NAME MGRM
WILLIAM SCOTT FOSTER, JR. TRUST
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

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

TITLE NAME MGRM
MARIA ESODIE CHERIOGOTIS TRUST
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

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

TITLE NAME MGRM
SPIRO NICHOLAS CHERIOGOTIS, JR. TRUST
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ 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 #

CP2E083 (11/00)