2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-03-2002 90017 025 ****50.00

DOCUMENT # L00000006085

1. Entity Name

CHERIOGOTIS-FOSTER, L.L.C.

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

DO NOT WRITE IN THIS SPACE

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 59-3705977 APPLIED FOR ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPIRO N. CHERIOGOTIS, TRUSTEE 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAM SCOTT FOSTER, JR. TRUST 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARIA ESODIE CHERIOGOTIS TRUST 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPIRO NICHOLAS CHERIOGOTIS, JR. TRUST 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: _____ 4/12/2002 850 863-406f
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #