

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006847

1. Entity Name

T.F. KEEFE, LLC

**FILED**  
Jul 21, 2002 8:00 am  
Secretary of State

07-21-2002 90015 011 \*\*\*\*50.00

0004588

Principal Place of Business  
265 FORT SMITH BLVD  
DELTONA FL

Mailing Address  
265 FORT SMITH BLVD  
DELTONA FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
~~SAME~~  
Suite, Apt. #, etc. ~~\_\_\_\_\_~~  
City & State ~~SAME~~  
Zip ~~32738~~ Country ~~AMERICA~~

3. Mailing Address  
~~SAME~~  
Suite, Apt. #, etc. ~~\_\_\_\_\_~~  
City & State ~~SAME~~  
Zip ~~32738~~ Country ~~\_\_\_\_\_~~

4. FEI Number **59-3658890**  
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
KEEFE, TIMOTHY F  
265 FORT SMITH BLVD  
DELTONA FL

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEFE, TIMOTHY F 265 FORT SMITH BLVD. DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

7-15-02 407-468-1254 cell

CR2E083 (4/02)