

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007096

1. Entity Name
4 GROWTH, L.L.C.

Principal Place of Business
9887 DOMINGO DRIVE
BROOKSVILLE FL 34601

Mailing Address
PO BOX 2153
OLDSMAR FL 34677

FILED

01 FEB 12 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 MGR MULLEN, FRANK ☐ Delete
STREET ADDRESS PO BOX 2153
CITY-ST-ZIP OLDSMAR FL 34677

TITLE NAME OPERATING MANAGER ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR WIESE, JAMES C ☐ Delete
STREET ADDRESS PO BOX 2153
CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE NAME MGR WIESE, GAY A ☐ Delete
STREET ADDRESS PO BOX 2153
CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Francis Mullen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-5-01

813-855-4389

Date

Daytime Phone #

CR2E083 (11/00)