

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007473

1. Entity Name

IVERNIC GROUP, LLC

FILED

01 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O JEFFREY S. SCHELLING, P.A.
3227 SOUTH HORSESHOE DRIVE, SUITE 108
NAPLES FL 34104

Mailing Address

P.O. BOX 689
NAPLES FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PTA
40 Jeffrey S. Schelling
Suite, Apt. #, etc. *800 Seagate Dr.*
3227S - Suite 304
City & State
Naples, Florida

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 1563
City & State
Naples, Florida

Zip
34103

Country
Collier

Zip
34106-1563

Country
Collier

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

SCHELLING, JEFFREY S P.A.
3227 SOUTH HORSESHOE DRIVE, SUITE 108
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800 Seagate Drive
Suite 304
City *Naples* FL Zip Code *34103*

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

600004287706--2
-05/22/01--01093--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NICUSANTI, MARIA C
P.O. BOX 689
NAPLES FL 34106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
P.O. Box 1563
Naples, Florida 34106-1563

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

TITLE
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☐ 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:

MARIA NICUSANTI

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

Date

Daytime Phone #

2/4/2001 *(941) 389-1268*

CR2E083 (11/00)