

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007691

1. Entity Name

CROWN COLONY HUMAN RESOURCE CONSULTANTS, LLC

Principal Place of Business  
6100 Mid Metro Drive  
Suite 7  
Fort Myers, FL 33912

Mailing Address  
6100 Mid Metro Drive  
Suite 7  
Fort Myers, FL 33912

FILED

2001 MAY -2 AM 11:27

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1020308

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

Tschernitz, Peter A.  
6100 Mid Metro Drive  
Suite 7  
Fort Myers, FL 33912

## 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NO E: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600004325956--7  
-05/29/01--01132--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

TITLE MGRM  
NAME Tschernitz, Peter A. ☐ Delete  
STREET ADDRESS 6100 Mid Metro Drive, Suite 7  
CITY-ST-ZIP Fort Myers, FL 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE MGRM/PST  
NAME Tschernitz, Peter A. ☒ Change ☐ Addition  
STREET ADDRESS 6100 Mid Metro Drive, Suite 7  
CITY-ST-ZIP Fort Myers, FL 33912

TITLE VP  
NAME Madden, Joseph M., Jr. ☐ Change ☒ Addition  
STREET ADDRESS 6100 Mid Metro Drive, Suite 7  
CITY-ST-ZIP Fort Myers, FL 33912

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

PETER A. TSCHERNITZ, PRESIDENT, SELLER MEMBER

4/18/01

941/936-3881

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

Date

Daytime Phone #