

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011979 AF

DOCUMENT # L00000008542

1. Entity Name  
COPE CAPITAL MANAGEMENT, LLC

FILED  
01 MAY 29 PM 3:53  
SECRETARY OF STATE  
FLORIDA

Principal Place of Business  
3300 NORTH PORT ROYALE DRIVE, SUITE 248  
FORT LAUDERDALE FL 33308

Mailing Address  
3300 NORTH PORT ROYALE DRIVE, SUITE 248  
FORT LAUDERDALE FL 33308



2. Principal Place of Business  
4106 Fairway Dr No.

3. Mailing Address  
4106 Fairway Dr No.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JUPITER FL

City & State  
JUPITER FL

4. FEI Number  
65-1023626

Applied For  
Not Applicable

Zip  
33477

Country  
FL

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

6. Name and Address of Current Registered Agent  
DAVID RUSSELL COPE  
3300 NORTH PORT ROYALE DR., SUITE 248  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent  
Name  
DAVID R COPE  
Street Address (P.O. Box Number is Not Acceptable)  
4106 FAIRWAY DRIVE NORTH  
City  
JUPITER FL Zip Code  
33477

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 *David R. Cope*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE 4/26/01

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER DAVID R. COPE 4106 FAIRWAY DRIVE NORTH JUPITER, FL 33477 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004422658-9 -06/15/01--01067--019 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David R. Cope*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
DATE 4/27/01 5612121686  
Daytime Phone #

CR2E083 (11/00)