

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021814 AF

DOCUMENT # L00000008826

1. Entity Name  
MOOSMANN SECURITIES, LLC

FILED

01 MAR -5 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
311 OSPREY POINT DRIVE  
OSPREY FL 34229

Mailing Address  
311 OSPREY POINT DRIVE  
OSPREY FL 34229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-1028014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOOSMANN, ROBERT A  
311 OSPREY POINT DRIVE  
OSPREY FL 34229

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.

(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

TITLE NAME MGR MOOSMANN, ROBERT A  
STREET ADDRESS 311 OSPREY POINT DRIVE  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME MGR ☒ Change ☐ Addition  
NAME ROBERT C. MOOSMANN  
STREET ADDRESS 311 OSPREY POINT DRIVE  
CITY-ST-ZIP OSPREY FL 34229

TITLE NAME MGR ☒ Change ☐ Addition  
NAME MARGARET GAIL MOOSMANN HIGGINS  
STREET ADDRESS 311 OSPREY POINT DRIVE  
CITY-ST-ZIP

TITLE NAME 100003889541-2 ☐ Change ☐ Addition  
NAME -03/21/01--01015--017  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*SIGNATURE REQUIRED*

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

2/28/01

Date

941/966-5159

Daytime Phone #

CR2E083 (11/00)