

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009784

1. Entity Name

LUCY RAMC, LLC

Principal Place of Business

677 NORTH WASHINGTON BLVD., SUITE 10
SARASOTA FL 34236

Mailing Address

677 NORTH WASHINGTON BLVD., SUITE 10
SARASOTA FL 34236

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

65-1041428

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPOLITANO, JOHN E
677 NORTH WASHINGTON BLVD., SUITE 10
SARASOTA FL 34236

Name NAPOLITANO & COOPER P.A

Street Address (P.O. Box Number is Not Acceptable)

100 WALLACE AVENUE, Suite 240

City

SARASOTA

FL

Zip Code

34237

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)

7.13.2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

300004524293--7

-08/08/01--01051--017

*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Mr. Robert, A.M. Coppenrath
Apt. 617
988 Boulevard Of The Arts
Sarasota, FL 34236

☐ Delete

MGRM

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ 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:

SIGNATURE

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

Date

Daytime Phone #

7.10.2001

941 365 6666

CR2E083 (5/01)