

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010451

1. Entity Name

JOHN D. MORGANDO, L.L.C.

Principal Place of Business

6504 SURFSIDE BLVD., UNIT 2
APOLLO BEACH FL 33572

Mailing Address

6504 SURFSIDE BLVD., UNIT 2
APOLLO BEACH FL 33572

2. Principal Place of Business

619 Sand Crane Ct.

Suite, Apt. #, etc.

3. Mailing Address

619 Sand Crane Ct.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

6501042036

Applied For

Not Applicable

Zip

34212

Country

USA

Zip

34212

Country

USA

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

MCGINNESS, W. LEE
1800 SECOND STREET, SUITE 971
SARASOTA FL 34236

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MORGANDO, JOHN D
STREET ADDRESS 6504 SURFSIDE BLVD., UNIT 2
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 619 Sand Crane Ct.
CITY-ST-ZIP Bradenton, FL 34212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MORGANDO, GINA
STREET ADDRESS 619 Sand Crane Ct.
CITY-ST-ZIP Bradenton, FL 34212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS SCHWARTZ, CARRIE
CITY-ST-ZIP 619 Sand Crane Ct.
Bradenton, FL 34212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

John D. Morgando

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

Date

Daytime Phone #

CR2E083 (5/01)