

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012413

1. Entity Name  
GERALD E. STEPHENS AND PAMELA J. STEPHENS LLC

FILED

01 JAN 25 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1605 MAIN ST., STE. 912  
SARASOTA FL 34236

Mailing Address  
1605 MAIN ST., STE. 912  
SARASOTA FL 34236

2. Principal Place of Business  
1605 MAIN ST.

3. Mailing Address  
1605 MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 912

STE. 912

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34236

USA

34236

USA

4. FEI Number

65-1046992

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

SCOVILL, H. WILLIAM  
1605 MAIN ST., STE. 912  
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
GERALD E. Stephens  
7304 BARCLAY CT  
University PARK, FL 34201

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
PAMELA J. Stephens  
7304 BARCLAY CT  
University PARK, FL 34201

TITLE  
NAME  
STREET ADDRESS  
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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: *[Signature]*

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

Date

Daytime Phone #

1/22/2001

CR2E083 (11/00)