

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012886

i. Entity Name

Investorsource Group, LLC

Principal Place of Business

10 Sarasota Quay  
Sarasota, FL 34236

1. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

110 Sarasota Quay  
Sarasota, FL 34236

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

01 MAY -2 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

E. Nicholas DAVIS, III  
2704 Rew Circle, Ste. 105  
OC0ee, FL 34761

Name E. Nicholas DAVIS, III  
Street Address (P.O. Box Number is Not Acceptable)  
2710 Rew Circle  
Suite 100  
City OC0ee FL Zip Code 34761

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)

4/30/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600004303370 8  
-05/24/01--01010--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	<u>MGRM</u>	<input type="checkbox"/> Delete
NAME	<u>E. Nicholas DAVIS, III</u>	
STREET ADDRESS	<u>2704 Rew Circle, Ste. 105</u>	
CITY-ST-ZIP	<u>OC0ee, FL 34761</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<u>MGRM</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>E. Nicholas DAVIS, III</u>	
STREET ADDRESS	<u>2710 Rew Circle, Ste. 100</u>	
CITY-ST-ZIP	<u>OC0ee, FL 34761</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

E. Nicholas DAVIS, III

4/30/01

DATE