

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024519 AF

DOCUMENT # L00000014037

1. Entity Name  
ENGINEERS COOPERATIVE LLC

FILED

01 APR -4 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5305 NORTHWEST 27TH AVENUE  
GAINESVILLE FL 32606

Mailing Address  
5305 NORTHWEST 27TH AVENUE  
GAINESVILLE FL 32606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2805 NW 6th St  
Suite, Apt. #, etc.

3. Mailing Address  
2805 NW 6th St  
Suite, Apt. #, etc.

City & State  
GAINESVILLE FL  
Zip  
32606 Country  
USA

City & State  
GAINESVILLE FL  
Zip  
32609 Country  
USA

4. FEI Number  
59-3681008

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SCHROEDER, NICHOLAS  
4010-D NEWBERRY ROAD  
GAINESVILLE FL 32607

## 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

600003995596--2  
-04/12/01--01125--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Business Development Manager Jennifer Hickman 5305 NW 27th Ave GAINESVILLE FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member Joseph DiPietro 617 NW 30th Ave GAINESVILLE FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jennifer Hickman, Manager 3/26/01 352-337  
2706

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

Date

Daytime Phone #

CR2E083 (11/00)