

# 2001 UNIFORM BUSINESS REPORT (UBR)

*\* Amended \**  
FILED

0021803 AF

DOCUMENT # L00000014516

1. Entity Name  
BERK OF SARASOTA, LLC

01 JUN 11 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

907 MACEWEN DRIVE  
OSPREY FL 34229

Mailing Address

907 MACEWEN DRIVE  
OSPREY FL 34229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1055 S Tamiami Trail  
Suite, Apt. #, etc.  
Suite 112

3. Mailing Address

11504 Bedfordshire Ave  
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Potomac, MD

4. FEI Number

65-1064499

☒ Applied For

☐ Not Applicable

Zip

34236 U.S.A

Zip

20854

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAYPER, MATTHEW B  
1515 RINGLING BLVD., SUITE 1000  
SARASOTA FL 34236

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**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME BERKOWITZ, BARRY J  
STREET ADDRESS 11504 BEDFORSHIRE AVENUE  
CITY-ST-ZIP POTOMAC MD 20854 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 11504 Bedfordshire Ave  
CITY-ST-ZIP Potomac, MD 20854 ☒ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)

(703) 906-5213

April 30, 2001