

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015060

1. Entity Name

ERNEST F. FALCO & ASSOCIATES, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

350 Crown Oak Centre Drive

3. Mailing Address

350 Crown Oak Centre Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32750

Country

USA

Zip

32750

Country

USA

4. FEI Number

59-3689583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

2001 APR 30 PM 2:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Ernest F. Falco, Jr.
350 Crown Oak Centre Drive
Longwood, FL 32750

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 Manager
NAME Ernest F. Falco, Jr.
STREET ADDRESS 350 Crown Oak Centre Drive
CITY-ST-ZIP Longwood, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME 200004218332-5
STREET ADDRESS -05/15/01-01125-015
CITY-ST-ZIP *****50.00 *****50.00 ☐ 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]

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

Date

Daytime Phone #

4-27-01 (407) 339-1660

CR2E083 (11/00)