

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015116

1. Entity Name

CAG NUCLEAR, L.L.C.

Principal Place of Business Mailing Address
1103 SW 2ND AVENUE 1103 SW 2ND AVENUE
GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3698953

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GARY WALKER
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete
NAME BURTON V. SILVERSTEIN
STREET ADDRESS 1103 SW 2ND AVENUE
CITY - ST - ZIP GAINESVILLE, FL 32601

TITLE MEMBER ☐ Delete
NAME MICHAEL C. DILLON
STREET ADDRESS 1103 SW 2ND AVENUE
CITY - ST - ZIP GAINESVILLE, FL 32601

TITLE MEMBER ☐ Delete
NAME STEVEN F. ROARK
STREET ADDRESS 1103 SW 2ND AVENUE
CITY - ST - ZIP GAINESVILLE, FL 32601

TITLE MEMBER ☐ Delete
NAME JAMES J. O'MEARA
STREET ADDRESS 1103 SW 2ND AVENUE
CITY - ST - ZIP GAINESVILLE, FL 32601

TITLE MEMBER ☐ Delete
NAME BERNARD J. GROS
STREET ADDRESS 1103 SW 2ND AVENUE
CITY - ST - ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: 

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

Daytime Phone #