

APPROVED  
AND  
FILED

# 2001 UNIFORM BUSINESS REPORT (UBR)

01 APR 27 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015117

1. Entity Name

CAG LABORATORIES, 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

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3698955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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]*

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

Daytime Phone #