

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015498

1. Entity Name

MAZECO MAINTENANCE, LLC

FILED

01 MAY 22 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

800 FIFTH AVE, SOUTH, SUITE 203
NAPLES, FL 34102

2. Principal Place of Business

3. Mailing Address

Same as above

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1076741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT S. RAUSCH
ONE BISCAYNE TOWER, SUITE 2500
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/NGR
THOMAS A. MAZZEI
800 FIFTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
DON J. MAZZEI
800 FIFTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
PATRICK M. MAZZEI
800 FIFTH AVENUE SOUTH, SUITE 203
NAPLES, FL 34102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004419162-3
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*****50.00 *****50.00

TITLE
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☐ Change

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☐ 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 #

5-16-01 (941) 774-0723

CR2E083 (11/00)