

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000016091

1. Entity Name

ADAMS-RIEGLER, LLC

Principal Place of Business

5055 GULF OF MEXICO DR., UNIT 325  
LONGBOAT KEY FL 34228

Mailing Address

5055 GULF OF MEXICO DR., UNIT 325  
LONGBOAT KEY FL 34228

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3210 COLUMBIA PKWY.

Suite, Apt. #, etc.

City & State

CINCINNATI, OHIO

Zip

Country

Zip

Country

45226

US

4. FEI Number

65-1084068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERSSE, JOHN W ESQ.  
1800 SECOND STREET, SUITE 715  
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  
Due By September 26, 2001

700004509997--8  
-07/31/01--01079--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
EDMUND J. ADAMS  
3210 COLUMBIA PKWY.  
CINCINNATI, OH 45226

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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 REQUIRED

7/23/01

573 651-6885

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE