

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90094 033 ****50.00

DOCUMENT # L01000000748

1. Entity Name

DIOGENES CONSORTIUM, L.L.C.

Principal Place of Business

**2445 RIVER TREE CIRCLE
 SANFORD FL 32771**

Mailing Address

**2445 RIVER TREE CIRCLE
 SANFORD FL 32771**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

59-3692013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCCLELLAN, DENNIS N
 2445 RIVER TREE CIRCLE
 SANFORD FL 32771**

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 May 1, 2002**

9. **11/6** MANAGING MEMBERS/MANAGERS

TITLE **MEMBER PARTNER** ☐ Delete
 NAME **LEONARD S. MARRELLA**
 STREET ADDRESS **25 PINEWOOD ROAD**
 CITY-ST-ZIP **WYOMISSING, PA 19610**

TITLE **MEMBER PARTNER** ☐ Delete
 NAME **DENNIS C. DICE**
 STREET ADDRESS **32 N. PORT ROYAL DR.**
 CITY-ST-ZIP **HILTON HEAD, SC 29928**

TITLE **MEMBER PARTNER** ☐ Delete
 NAME **FRANK A. FRANK**
 STREET ADDRESS **1425 OLD MILL CRO**
 CITY-ST-ZIP **WYOMISSING, PA 19610**

TITLE **MEMBER PARTNER** ☐ Delete
 NAME **CHRIST G. KRARAS**
 STREET ADDRESS **51 TIMBERLINE DR.**
 CITY-ST-ZIP **WYOMISSING, PA 19610**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-27-02

407-688-1156

Date

Daytime Phone #

CR2E083 (9/01)