

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90046 003 *****50.00

DOCUMENT # L01000002431

1. Entity Name

BSR MANAGEMENT, LLC

Principal Place of Business

**400 NORTH TAMPA STREET
 SUITE 2300
 TAMPA FL 33602**

Mailing Address

**400 NORTH TAMPA STREET
 SUITE 2300
 TAMPA FL 33602**

2. Principal Place of Business

427 15TH STREET

Suite, Apt. #, etc.

3. Mailing Address

427 15TH STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH, FL

Zip

32117

Country

VOLUSIA

City & State

DAYTONA BEACH, FL

Zip

32117

Country

VOLUSIA

4. FEI Number

59-3699896

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHIFF, GORDON J
 400 NORTH TAMPA STREET
 SUITE 2300
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **ROBERT C. CASSATA**

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

427 15TH STREET

City **DAYTONA BEACH**

FL

Zip Code

32117

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 **ROBERT C. CASSATA**

Signature, typed or printed name of registered agent and title if applicable.

Robert C Cassata

(NOTE: Registered Agent signature required when reinstating)

3/7/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
ROBERT C. CASSATA
2545 S. ATLANTIC AV #1906
DAYTONA BEACH, FL 32118

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
JOYCE M. CASSATA
2545 S. ATLANTIC AV #1906
DAYTONA BEACH, FL 32118

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

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

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

TITLE
 NAME
 STREET ADDRESS
 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: **ROBERT C. CASSATA**

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

3/7/02

Date

Daytime Phone #

CR2E083 (9/01)