

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90070 032 ****50.00

DOCUMENT # L01000003934

1. Entity Name

COHEN FOSTER LLC

Principal Place of Business

201 EAST KENNEDY BLVD.
 SUITE 1000
 TAMPA FL 33602-5829

Mailing Address

201 EAST KENNEDY BLVD.
 SUITE 1000
 TAMPA FL 33602-5829

80719

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3707964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COHEN, BARRYH A
 201 EAST KENNEDY BLVD.
 SUITE 1000
 TAMPA FL 33602-5829

→ SPELLING ONLY

7. Name and Address of New Registered Agent

Name

COHEN, BARRY A.

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. MANAGING MEMBERS/MANAGERS

TITLE **MEMBER** ☐ Delete
 NAME **BARRY A. COHEN**
 STREET ADDRESS **201 E. KENNEDY BLVD - SUITE**
 CITY-ST-ZIP **TAMPA, FL 33601 1000**

TITLE **MEMBER** ☐ Delete
 NAME **TOOD FOSTER**
 STREET ADDRESS **201 E. KENNEDY BLVD - SUITE**
 CITY-ST-ZIP **TAMPA, FL 33601 1000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

I, the undersigned, 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: Barry A. Cohen

4/2/02

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

Date

Daytime Phone #

CP2E083 (9/01)