

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90001 036 \*\*\*\*50.00

**DOCUMENT # L01000005344**

1. Entity Name

**THE WESTCOTT BUILDING, L.L.C.**

Principal Place of Business

**226 NORTH DUVAL STREET  
TALLAHASSEE FL 32301**

Mailing Address

**226 NORTH DUVAL STREET  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**2282A KILLEARN CNTR BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
Suite, Apt. #, etc.

City & State

**TALLAHASSEE FL**

City & State

4. FEI Number

**59-3741454**

Applied For

Not Applicable

Zip

**32309**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LINDSEY, WM. SCOTT  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE FL 32312**

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. MANAGING MEMBERS/MANAGERS

TITLE **MEMBER** ☐ Delete  
NAME **JAMES M. RUONICK**  
STREET ADDRESS **226 N. DUVAL ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **MEMBER** ☐ Delete  
NAME **ROBERT R. PARRISH, JR**  
STREET ADDRESS **2282A KILLEARN CNTR BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**

**ROBERT R. PARRISH**

**4/18/02**

**850-894-3330**

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

Date

Daytime Phone #

CR2E083 (9/01)