

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90056 017 ****50.00

DOCUMENT # L01000006537

1. Entity Name
OHC, LLC

Principal Place of Business

**1515 RINGLING BLVD., STE. 1000
 SARASOTA FL 34236**

Mailing Address

**1515 RINGLING BLVD., STE. 1000
 SARASOTA FL 34236**

2. Principal Place of Business

3131 South Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

3131 South Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-1104069

Applied For

Not Applicable

Zip
34239

Country

Zip
34239

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FERGESON, JAMES O JR ESQ
 1515 RINGLING BLVD., STE. 1000
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Richard H. Brown

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

3131 South Tamiami Trail

City
Sarasota

FL

Zip Code
34239

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2002

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member ☐ Delete
NAME Richard H. Brown
STREET ADDRESS 3131 South Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

TITLE Managing Member ☐ Delete
NAME Luis Chu
STREET ADDRESS 3131 South Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

TITLE Managing Member ☐ Delete
NAME Jameel Audeh
STREET ADDRESS 3131 South Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

TITLE Managing Member ☐ Delete
NAME Caryn Silver
STREET ADDRESS 3131 South Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

TITLE Managing Member ☐ Delete
NAME Rodrigo Garcia
STREET ADDRESS 3131 South Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34239

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

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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 REQUIRED

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

Date

Daytime Phone #

1/29/2002

941-363-5716

CR2E083 (9/01)

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