

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90239 046 ****50.00

DOCUMENT # L01000009262

1. Entity Name

MURCHIE INVESTMENTS, L.L.C.

Principal Place of Business

821 FIFTH AVENUE SOUTH, SUITE 201
 NAPLES FL 34102

Mailing Address

821 FIFTH AVENUE SOUTH, SUITE 201
 NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 58-2627798

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDGINS, THOMAS F
 821 FIFTH AVENUE SOUTH, SUITE 201
 NAPLES FL 34102

Name **GEORGE A. WILSON**
 Street Address (P.O. Box Number is Not Acceptable)

821 Fifth Avenue South, Suite 201
 City **NAPLES** **FL** Zip Code **34102**

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 date 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

10. ADDITIONS/CHANGES

TITLE NAME **MGRM MCKINNEY, VICTORIA M** ☐ Delete
 STREET ADDRESS **1808 TIPTOP DRIVE**
 CITY-ST-ZIP **KNOXVILLE TN 37923**

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

TITLE NAME **MGRM O'BRIEN, ELIZABETH M** ☐ Delete
 STREET ADDRESS **1354 PETERS BLVD.**
 CITY-ST-ZIP **BAY SHORE NY 11704**

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

TITLE NAME **MGRM MURCHIE, JAMES J** ☐ Delete
 STREET ADDRESS **21 CHARLES STREET**
 CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E083 (9/01)