

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90381 045 \*\*\*\*50.00

DOCUMENT # **L01000009789**

1. Entity Name

**THE ROSER MANAGEMENT GROUP, LLC**

Principal Place of Business

Mailing Address

~~FOUR SAWGRASS VILLAGE STE 150-B~~  
~~PONTE VEDRA BEACH FL 32082~~

~~FOUR SAWGRASS VILLAGE STE 150-B~~  
~~PONTE VEDRA BEACH FL 32082~~

2. Principal Place of Business

3. Mailing Address

**119 HAMILTON DRIVE**

**119 HAMILTON DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**COLUMBUS, NC**

City & State

**COLUMBUS, NC**

Zip

**28722**

Country

Zip

**28722**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3748564**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSER,  
 FOUR SAWGRASS VILLAGE STE 150-B  
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

**JAMES E. SINN, CPA**

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

**12334 HOLLY LEAF LANE**

City

**ORANGE PARK**

**FL**

Zip Code

**32073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**JAMES E. SINN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/23/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 ROSER, HARRY V  
 FOUR SAWGRASS VILLAGE STE 150-B  
 PONTE VEDRA BEACH FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**575  
 119 HAMILTON DRIVE  
 COLUMBUS, NC 28722** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 ROSER, JOANN  
 FOUR SAWGRASS VILLAGE STE 150-B  
 PONTE VEDRA BEACH FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**575  
 119 HAMILTON DRIVE  
 COLUMBUS, NC 28722** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E083 (4/02)

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

**7/23/02**

**864-574-5523**

Date

Daytime Phone #