

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90182 035 ****50.00

DOCUMENT # L01000011204

1. Entity Name
WEITZ/PPI, LLC

Principal Place of Business

**5901 THORNTON AVENUE
DES MOINES IA 50309**

Mailing Address

**5901 THORNTON AVENUE
DES MOINES IA 50309**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 MANAGER ☐ Delete
NAME KENNETH R. BONUS
STREET ADDRESS 5901 THORNTON AVENUE
CITY-ST-ZIP DES MOINES IA 50321

TITLE MANAGER ☐ Delete
NAME FRANCIS E. SNOOK
STREET ADDRESS 5901 THORNTON AVENUE
CITY-ST-ZIP DES MOINES IA 50321

TITLE MANAGER ☐ Delete
NAME JOHN V. CARLSON
STREET ADDRESS 4421 NW 39 AVENUE BUILDING 3
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE MANAGER ☐ Delete
NAME CHARLES R. PERRY
STREET ADDRESS 4421 NW 39 AVENUE BUILDING 3
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE MEMBER ☐ Delete
NAME THE WEITZ COMPANY, LLC
STREET ADDRESS 5901 THORNTON AVENUE
CITY-ST-ZIP DES MOINES IA 50321

TITLE MEMBER ☐ Delete
NAME PPI CONSTRUCTION MANAGEMENT
STREET ADDRESS 4421 NW 39 AVENUE, BUILDING 3
CITY-ST-ZIP GAINESVILLE FL 32606

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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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:  **THE WEITZ COMPANY, LLC**
DAVID S. STRUTT, SECRETARY 03/05/2001 5151698-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

B0049466



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)