

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90013 012 ****50.00

DOCUMENT # L01000014006

1. Entity Name
ULRICH HOLDINGS, LLC

Principal Place of Business

**C/O RICHARD T. COTTER
 6100 ESTERO BLVD.
 FT MYERS BEACH FL 33931**

Mailing Address

**C/O RICHARD T. COTTER
 6100 ESTERO BLVD.
 FT MYERS BEACH FL 33931**

2. Principal Place of Business **VENETO**
23650 VIA ~~ESTERO~~ BLVD.

3. Mailing Address
7113 SALISBURY RD.

Suite, Apt. #, etc.
1602

Suite, Apt. #, etc.
#

City & State
BONITA SPRINGS FL.

City & State
MAUMEE OHIO

4. FEI Number
34-1964738

Applied For
 Not Applicable

Zip
43134

Country
US

Zip
43537

Country
US

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

**COTTER, RICHARD T
 6100 ESTERO BLVD.
 FT MYERS BEACH FL 33931**

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

10. ADDITIONS/CHANGES

TITLE **PRES** ☐ Delete
 NAME **DONALD J. ULRICH**
 STREET ADDRESS **7113 SALISBURY RD.**
 CITY-ST-ZIP **MAUMEE OH 43537**

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

TITLE **VICE PRES** ☐ Delete
 NAME **LINDA K. ULRICH**
 STREET ADDRESS **7113 SALISBURY RD.**
 CITY-ST-ZIP **MAUMEE OH 43537**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **REQUIRED**

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

Date

Daytime Phone #

2/22/02

CR2E083 (9/01)