

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90101 033 ****50.00

DOCUMENT # L01000022726

1. Entity Name

REICHERT OPTICAL OF NORTH FLORIDA, LLC

Principal Place of Business

**1615 S.W. MAIN BLVD.
 LAKE CITY FL 32025**

Mailing Address

**1615 S.W. MAIN BLVD.
 LAKE CITY FL 32025**

014040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City FL

4. FEI Number

02-0560684

Applied For

Not Applicable

Zip

Country

Zip

Country

32025

Columbia

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

**NEUKAMM, MICHAEL E
 301 E. PINE ST., STE. 1400
 ORLANDO FL 32801**

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

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 September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **President** ☐ Delete
 NAME **Richard W. Reichert**
 STREET ADDRESS **1615 SW Main Blvd**
 CITY-ST-ZIP **Lake City, FL 32025**

TITLE **President** ☐ Change ☒ Addition
 NAME **Richard W. Reichert**
 STREET ADDRESS **1615 SW Main Blvd**
 CITY-ST-ZIP **Lake City FL 32025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary / Treasurer** ☐ Change ☒ Addition
 NAME **Jill H. Reichert**
 STREET ADDRESS **1615 SW Main Blvd**
 CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Reichert

9/23/02

386-755-2785

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

Date

Daytime Phone #

CR2E083 (4/02)