

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0200000876

1. Entity Name
TRUSTEE EDUCATIONAL CONFERENCES AND SEMINARS, LLC



Principal Place of Business
% RENE E. DRISCOLL
2219 SE 19TH PLACE
CAPE CORAL, FL 33990

Mailing Address
% RENE E. DRISCOLL
2219 SE 19TH PLACE
CAPE CORAL, FL 33990

2. Principal Place of Business
Above

3. Mailing Address
Above

Suite, Apt. #, etc.

City & State
FL

City & State

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DRISCOLL, RENE E A
2219 SE 19TH PLACE
CAPE CORAL, FL 33990**

4. FEI Number
01-0667514

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

B. 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DRISCOLL, CAROL J 64 CANNONGATE ROAD TYNGSBORO, MA 01879 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DRISCOLL, RENE E A 2219 SE 19TH PLACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEINHOLD, RACHAEL M 20 BANNER PLACE, UNIT 10 WINCHEDON, MA 01476 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 606, Florida Statutes.

SIGNATURE: *Renee Driscoll* **5-13-03** ⁽²³⁹⁾ 574-1831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)