

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0055

DOCUMENT # L02000015911

1. Entity Name

KAISER FAMILY MANAGEMENT COMPANY, LLC



FILED

2003 JAN 21 PM 12:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

C/O JOHN P. KAISER
31 OCEAN REEF DRIVE, SUITE A202
KEY LARGO FL 33037

Mailing Address

C/O JOHN P. KAISER
31 OCEAN REEF DRIVE, SUITE A202
KEY LARGO FL 33037

2. Principal Place of Business

201 S. Biscayne Blvd #1500

3. Mailing Address

c/o Louis Nostro, Esq.

Suite, Apt. #, etc.

Miami, Florida

Suite, Apt. #, etc.

201 S. Biscayne Blvd #1500

City & State

33131 USA

City & State

Miami, Florida

Zip

Country

Zip

Country

33131

USA

4. FEI Number

56-2296871

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131

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. 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 Florida Department of State
Due By May 1, 2003

900010399909
01/21/03--01103--003 **50.00
900010399909
01/21/03--01103--004 **5.00

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **manager/Member**
STREET ADDRESS **Geoffrey D. Kaiser**
CITY-ST-ZIP **Post Office Box 222**
Sumneytown, PA 18084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **Manager/Member**
STREET ADDRESS **John P. Kaiser**
CITY-ST-ZIP **201 S. Biscayne Blvd, #1500** **MCRM**
Miami, Florida 33131

TITLE ☐ Change ☒ Addition
NAME **Manager/Member**
STREET ADDRESS **Geoffrey D. Kaiser**
CITY-ST-ZIP **Post Office Box 222** **MCRM**
Sumneytown, PA 18084

TITLE ☐ Change ☐ Addition
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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** **Manager 1/10/03 (305) 367-3467**

CR2E083 (10/02)