

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000272

1. Entity Name

FLORIDA WORLDWIDE CONSULTING, L.C.

Principal Place of Business

5097 LOCHWOOD COURT  
NAPLES FL 34112-3656

Mailing Address

5097 LOCHWOOD COURT  
NAPLES FL 34112-3656

2. Principal Place of Business

5097 Lochwood Ct.

Suite, Apt. #, etc.

3. Mailing Address

Naples, FL 34112

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34112

Country FL

Country

4. FEI Number

65-0551872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEEMANN, ERNEST A

1105 CAPE CORAL PARKWAY E., SUITE C  
CAPE CORAL FL 33904

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM LUSZAS, MANFRED D ☐ Delete  
STREET ADDRESS 5097 LOCHWOOD CT.  
CITY - ST - ZIP NAPLES FL 33902 34112

TITLE NAME MGRM LUSZAS, KARIN E ☐ Delete  
STREET ADDRESS 5097 LOCHWOOD CT.  
CITY - ST - ZIP NAPLES FL 33902 34112

TITLE NAME ☐ Delete  
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CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME 600003256536--2  
STREET ADDRESS -05/18/00--01010--004  
CITY - ST - ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)