

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000694

1. Entity Name

SPIN-FLA1 L.C.

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1112 WESTON RD., PMB 175  
FT. LAUDERDALE FL 33326

Mailing Address

1112 WESTON RD., PMB 175  
FT. LAUDERDALE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0547504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NADLER, DANIEL M M  
SPINNAKER PROPERTIES, INC.  
1112 WESTON RD., PMB 175  
FT. LAUDERDALE FL 33326

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  
NADLER, DANIEL M  
STREET ADDRESS 1112 WESTON ROAD, PMB 175  
CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Delete

TITLE NAME MGRM  
FRANK, IRWIN M  
STREET ADDRESS 28001 CHAGRIN BLVD., STE 300  
CITY-ST-ZIP CLEVELAND OH 44122 ☐ Delete

TITLE NAME MEM  
COHEN, MARTIN J  
STREET ADDRESS 6267 STUMPH RD. STE 1-A  
CITY-ST-ZIP PARMA HTS OH 33904 ☐ Delete

TITLE NAME MEM  
HUGHES, ROBERT K JR  
STREET ADDRESS 5222 SUNSET CT.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE NAME MEM  
HUGHES, JAN  
STREET ADDRESS 7143 S. BRENTWOOD RD.  
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE NAME MEM  
HUGHES, BO  
STREET ADDRESS 5101 PERSHING AVE. #2  
CITY-ST-ZIP FT. WORTH TX 76107 ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 900004221409--9  
CITY-ST-ZIP -05/17/01--01009--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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

DANIEL M. NADLER

4/20/01

954-885-8262

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

Date

Daytime Phone #

CR2E083 (11/00)

0012927 AF