

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000189

1. Entity Name

FLORIDATA.COM LC

FILED

00 APR 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10266 REBEL CIRCLE
TALLAHASSEE FL 32311

Mailing Address

10266 REBEL CIRCLE
TALLAHASSEE FL 32311-2513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3304250

Applied For

Not Applicable

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

~~SCHEPER, JOHN S~~
10266 REBEL CIRCLE
TALLAHASSEE FL 32311

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM SCHEPER, JOHN S
STREET ADDRESS 10266 REBEL CIRCLE
CITY- ST- ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE NAME 500003224255-9
STREET ADDRESS -04/26/00-01018-003
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGRM ZERKY, JOHN H
STREET ADDRESS 10266 REBEL CIRCLE
CITY- ST- ZIP TALLAHASSEE FL 32311 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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 #

CF2E083 (9/99)