

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

JO14187 AF

DOCUMENT # L95000000388

1. Entity Name  
ELLIS ENVIRONMENTAL GROUP, L.C.

00 APR 17 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
106 SW 140TH TERRACE  
NEWBERRY FL 32669

Mailing Address  
106 SW 140TH TERRACE  
NEWBERRY FL 32669-3025



2. Principal Place of Business  
304 SW 140<sup>th</sup> TERRACE  
Suite, Apt. #, etc.

3. Mailing Address  
304 SW 140<sup>th</sup> TERRACE  
Suite, Apt. #, etc.

MNM

DO NOT WRITE IN THIS SPACE

City & State  
NEWBERRY FL

City & State  
NEWBERRY, FL

4. FEI Number 59-3316755

Applied For  
Not Applicable

Zip 32669 Country USA

Zip 32669 Country

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

## 6. Name and Address of Current Registered Agent

CHANDLER, JAMES R III  
5915 PONCE DE LEON BLVD., SUITE 60  
CORAL GABLES FL 33146

## 7. Name and Address of New Registered Agent

Name: JAMES R CHANDLER III  
Street Address (P.O. Box Number is Not Acceptable): 1834 MAIN STREET  
City: SARASOTA, FL 34236 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 STREET ADDRESS CITY-ST-ZIP	MGRM CHARNA, RUSI B 5123 NW 59TH TERRACE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEKE, JEFFREY P 2324 SW 95TH TERRACE GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEKE, JAMES H 175 S. OCEAN SHORES DR KEY LARGO FL	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3702 SW 92nd TERRACE Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700003229617-3 -04/28/00--01103--001 *****55.00 33613 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

3/17/00

Date

352-332-3888

Daytime Phone #

CR2E083 (9/99)