

2000 UNIFORM BUSINESS REPORT (UBR)

0009363 AF

DOCUMENT # L95000000750

1. Entity Name
EVENT CONCEPTS AND SERVICES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:30

Principal Place of Business
165 PATRICK MILL CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address
165 PATRICK MILL CIRCLE
PONTE VEDRA BEACH FL 32082-4012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2217225

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

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 MGR
NAME BAUMGARTNER, ERWIN
STREET ADDRESS RINGSTRASSE 80
CITY-ST-ZIP 56077 KOBLENZ, GERMANY ☐ Delete

TITLE ~~BAUMGARTNER, ERWIN~~
NAME ~~BAUMGARTNER, ERWIN~~
STREET ADDRESS ~~BAUMGARTNER, ERWIN~~
CITY-ST-ZIP ~~BAUMGARTNER, ERWIN~~ ☐ Change ☐ Addition

TITLE MGR
NAME CARPER, JENNIFER
STREET ADDRESS 165 PATRICK MILL CIRCLE
CITY-ST-ZIP PONTE VEDRA FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003144280-004
-02/23/00--01034--004
*****50.00 *****50.00
my 2/22/00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

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

Date

Daytime Phone #

1/31/00

9042854192

CR2E083 (9/99)