

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000294

1. Entity Name
WORKSITE COMMUNICATIONS, L.C.

FILED

00 FEB -3 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2640-A MITCHAM DRIVE
TALLAHASSEE FL 32308

Mailing Address
2640-A MITCHAM DRIVE
TALLAHASSEE FL 32308-5400



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 59-3374702

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

BISCHOFF, WILLIAM S ESQUIRE
3691 DEXTER DRIVE
TALLAHASSEE FL 32312

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 MGR SHERIDAN, MICHAEL H ☐ Delete
STREET ADDRESS 3081 O'BRIEN DRIVE
CITY- ST- ZIP TALLAHASSEE FL 32308

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003125175--9
CITY- ST- ZIP -02/07/00--01015--015
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE NAME MGR GAUDINO, JOSEPH P ☐ Delete
STREET ADDRESS 8953 WINGED FOOT DRIVE
CITY- ST- ZIP TALLAHASSEE FL 32312

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

TITLE NAME ☐ Delete
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:

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

Date

Daytime Phone #