

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000955

1. Entity Name  
EW USA, L.C.

Principal Place of Business  
100 SOUTHPARK BOULEVARD  
SUITE 414  
ST AUGUSTINE FL 32086

Mailing Address  
100 SOUTHPARK BOULEVARD  
SUITE 414  
ST AUGUSTINE FL 32086-5173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

mom

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3428381

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

ROEHR, PETER  
4057 SEMINOLE POINT CT  
ST AUGUSTINE FL 32086

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 \_\_\_\_\_ (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 ROEHR, CLAUD P  
STREET ADDRESS 4057 SEMINOLE POINT CT  
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500003249865--S  
-05/11/00--01129--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGMR  
NAME TAYLOR, DAIL A  
STREET ADDRESS 100 SOUTHPARK BLVD., SUITE 414  
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE MGMR  
NAME ARONSON, BEN  
STREET ADDRESS 5085 MEDORAL AVENUE  
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 #

*Signature of Peter Roeher* *Managing Member* 4/18/00 (904) 829-9075

CR2E083 (9/99)