

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0005367 AF

DOCUMENT # L97000000606

1. Entity Name  
TRADITION MANAGEMENT SERVICES, L.C.

00 APR 24 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
% NORTH BROWARD HOSPITAL DISTRICT % NORTH BROWARD HOSPITAL DISTRICT  
303 SOUTHEAST 17TH STREET 303 SOUTHEAST 17TH STREET  
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-2523



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 65-0723949 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

SHERER, WILLIAM R JR  
% CONRAD & SCHERER  
633 S. FEDERAL HIGHWAY 8TH FLOOR  
FT. LAUDERDALE FL 33301

Name  
Correction - SCHERER  
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

300003244953--7  
-05/09/00--01097--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NORTH BROWARD HOSPITAL DISTRICT 303 SE 17TH ST. FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/2000

Date

954-355-5675  
Daytime Phone #

CR2E083 (9/99)