

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000639**

1. Entity Name

**BERNARD GROUP, L.C.**

Principal Place of Business

**5448 CONWAY OAKS COURT  
ORLANDO FL 32812**

Mailing Address

**5448 CONWAY OAKS COURT  
ORLANDO FL 32812**

2. Principal Place of Business

**3596 TAMIAHL TRAIL**

3. Mailing Address

**3227 PEACE RIVER DR.**

Suite, Apt. #, etc.

**Suite D**

Suite, Apt. #, etc.

**PUNTA GORDA, FL**

City & State

**PORT CHARLOTTE, FL**

City & State

**PUNTA GORDA, FL**

Zip

**339527**

Country

**CHARLOTTE**

Zip

**33983**

Country

**CHARLOTTE**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**900003575429-1**

**-01/26/01--01006--012**

**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BERNARD, JAMES M  
5448 CONWAY OAKS COURT  
ORLANDO FL 32812** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BERNARD, WILLIAM R  
5448 CONWAY OAKS COURT  
ORLANDO FL 32812** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEM  
BERNARD, JAMES M  
3227 PEACE RIVER DR.  
PUNTA GORDA, FL 33983** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BERNARD, WILLIAM R.  
3227 PEACE RIVER DR.  
PUNTA GORDA, FL 33983** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GEDARD, DEBORAH A.  
3227 PEACE RIVER DR.  
PUNTA GORDA, FL 33983** ☐ Change ☒ Addition

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

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

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:

**James M Bernard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**1/10/01**

Daytime Phone #

**941-743 8540**

**FILED**

**01 JAN 16 AM 4:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)