

2001 UNIFORM BUSINESS REPORT (UBR)

0021580 AF

DOCUMENT # L97000000736

1. Entity Name
PENCOR OF MANATEE, L.C.

FILED

01 MAY -2 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4110 MANATEE AVE. W.
BRADENTON FL 34209

Mailing Address
4110 MANATEE AVE. W.
BRADENTON FL 34209



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0767493

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

KALLINS, MARC S
4110 MANATEE AVE. W.
BRADENTON FL 34209

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 *Marc S Kallins*
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 KALLINS, MARC S
STREET ADDRESS 4110 MANATEE AVE. W.
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

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

TITLE MGR
NAME JUNGREIS, ALEXANDER C
STREET ADDRESS 4110 MANATEE AVE. W.
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

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

TITLE MGR
NAME NORRIS, STEVEN
STREET ADDRESS 4110 MANATEE AVE. W.
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

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

TITLE MGR
NAME BOYER, KEVIN
STREET ADDRESS 4110 MANATEE AVE. W.
CITY-ST-ZIP BRADENTON FL 34209 ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)