

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004280
AF

00 MAY -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000995

1. Entity Name
AMERICAN SUPERIOR MANAGEMENT COMPANY, L.C.

Principal Place of Business

8669 NW 36TH ST., SUITE 100
MIAMI FL 33166

Mailing Address

8669 NW 36TH ST., SUITE 100
MIAMI FL 33166-6640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N. Pine Island Rd

Suite, Apt. #, etc.

Suite 400

City & State

Plantation, FL

Zip

33324

Country

Broward

3. Mailing Address

600 N. Pine Island Rd.

Suite, Apt. #, etc.

Suite 400

City & State

Plantation, FL

Zip

33324

Country

Broward

4. FEI Number

65-0788806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, WILLIAM B
101 N. GADSDEN ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENfro, TIMOTHY A 8669 NW 36TH ST., SUITE 100 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, JOHN D 8669 NW 36TH ST., SUITE 100 MIAMI FL 33166	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN METER, WILLIAM 8669 NW 36TH ST., SUITE 100 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMAN, LOUIS M 8669 NW 36TH ST., SUITE 100 MIAMI FL 33166	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUR, RICHARD 8669 NW 36TH ST., SUITE 100 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Latta, William S. 600 N. Pine Island Road, Suite 400 Plantation, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hudson, Greg 600 N. Pine Island Rd., Suite 400 Plantation, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peters, Bruce A. 600 N. Pine Island Road, Suite 400 Plantation, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Berta, Vince 600 N. Pine Island Rd., Suite 400 Plantation, FL 33324	☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/99)