

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90232 008 \*\*\*\*50.00

0025381

**DOCUMENT # L97000000995**

1. Entity Name

**AMERICAN SUPERIOR MANAGEMENT COMPANY, L.C.**



Principal Place of Business

**600 N. PINE ISLAND ROAD, SUITE 400  
PLANTATION FL 33324**

Mailing Address

**600 N. PINE ISLAND ROAD, SUITE 400  
PLANTATION FL 33324**

**30059180**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0788806**

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

**GRAHAM, WILLIAM B  
215 S. MONROE ST., STE 600  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	LATTA, WILLIAM S	600 N PINE ISLAND RD	PLANTATION FL 33324	<input type="checkbox"/>
MGR	RENFRO, TIM A SR	600 N PINE ISLAND RD	PLANTATION FL 33324	<input type="checkbox"/>
MGR	VAN METER, WILLIAM	600 N PINE ISLAND RD	PLANTATION FL 33324	<input type="checkbox"/>
MGR	HUDSON, GREG	230 GREG HUDSON DR	PROVIDENCE KY 42420	<input type="checkbox"/>
MGR	DUER, RICHARD	600 N PINE ISLAND RD	PLANTATION FL 33324	<input type="checkbox"/>
MGR	BERTA, VINCE A	987 ELMWOOD CT	BOWLING GREEN KY 42103	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/21/03

Date

954-577-2200

Daytime Phone #

CR2E083 (10/02)