

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000669

1. Entity Name

EXPLORERS INVESTMENT GROUP, L.C.

Principal Place of Business

7241 TANGLEWOOD DRIVE
NEW PORT RICHEY FL 34654

Mailing Address

7241 TANGLEWOOD DRIVE
NEW PORT RICHEY FL 34654

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

59-3512653

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

HOGER, NORMAN G
7241 TANGLEWOOD DRIVE
NEW PORT RICHEY FL 34654

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
ANTHONY, CHARLES
STREET ADDRESS
1026 SOUTH POINT ALEXIS DRIVE
CITY-ST-ZIP
TARPON SPRINGS FL 34689

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

TITLE NAME ☐ Delete
MGRM
ANTHONY, LASANDRA
STREET ADDRESS
1026 SOUTH POINT ALEXIS DRIVE
CITY-ST-ZIP
TARPON SPRINGS FL 34689

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

TITLE NAME ☐ Delete
MGRM
ZUBILLAGA, CARLOS A TRUSTEE
STREET ADDRESS
4620 PROFESSIONAL LOOP
CITY-ST-ZIP
NEW PORT RICHEY FL 34652

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

TITLE NAME ☐ Delete
MGRM
ROSARIO, ANGEL TRUSTEE
STREET ADDRESS
5307 MAIN STREET
CITY-ST-ZIP
NEW PORT RICHEY FL 34652

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

TITLE NAME ☐ Delete
MGRM
HOGER, NANCY B TRUSTEE
STREET ADDRESS
7241 TANGLEWOOD DRIVE
CITY-ST-ZIP
NEW PORT RICHEY FL 34654

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 Required Managing member 2/9/01 (727) 8425911

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

Date

Daytime Phone #

FILED

01 FEB 14 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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