

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000733

1. Entity Name

THE ROMAR FINANCIAL GROUP, L.L.C.

FILED

00 JAN 18 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

406 SARASOTA QUAY
SARASOTA FL 34236

Mailing Address

326 ARTHUR DRIVE
SARASOTA FL 34236-1303

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

52-2112429

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 MGR
NAME SERVIAN, MARY ANNE
STREET ADDRESS 326 ARTHUR DRIVE
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME 100003111951-9
STREET ADDRESS -01/26/00--01112--011
CITY-ST-ZIP *****5.00 *****5.00 ☐ Change ☐ Addition

TITLE MGR
NAME CRAVEN, FRANCES G
STREET ADDRESS 326 ARTHUR DRIVE
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME 800003111998--7
STREET ADDRESS -01/26/00--01112--012
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: *Mary Anne Servian*

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

Date

Daytime Phone #

MARY ANNE SERVIAN 1/12/2000 941-3881272