

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000733

1. Entity Name

THE ROMAR FINANCIAL GROUP, L.L.C.

Principal Place of Business

406 SARASOTA QUAY  
SARASOTA FL 34236

Mailing Address

326 ARTHUR DRIVE  
SARASOTA FL 34236

2. Principal Place of Business

1133 Fourth Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State  
Sarasota Florida

City & State

Zip  
34236

Country

Sarasota

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

200004323602--3  
-05/25/01--01070--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Owner, MGR  
NAME ROBERT SERVIAN ☐ Change ☒ Addition  
STREET ADDRESS 326 ARTHUR DRIVE  
CITY-ST-ZIP SARASOTA FL 34236

TITLE MGR  
NAME GEORGE SERVIAN ☐ Change ☒ Addition  
STREET ADDRESS 6008 NW 91st Way  
CITY-ST-ZIP TAMARAC, FL 33321

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

Robert SERVIAN

4-27-01

941-388-1272

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

Date

Daytime Phone #

CR2E083 (11/00)

0022076 AF

APPROVED  
AND  
FILED

01 MAY -3 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE