

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# L98000001537

1. Entity Name  
ROI CAPITAL, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business  
12141 TUMBLEWEED COURT  
WEST PALM BEACH FL 33414

Mailing Address  
12141 TUMBLEWEED COURT  
WEST PALM BEACH FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0864554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

O'TOOLE, RAYMOND F  
12141 TUMBLEWEED COURT  
WEST PALM BEACH FL 33414

## 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/MANAGERS

TITLE MGR ☐ Delete  
NAME O'TOOLE, RAYMOND F  
STREET ADDRESS 12141 TUMBLEWEED COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE MGR ☐ Delete  
NAME O'TOOLE, BARBARA A  
STREET ADDRESS 12141 TUMBLEWEED COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR, CHAIRMAN ☒ Change ☐ Addition  
NAME O'TOOLE, RAY  
STREET ADDRESS 12141 TUMBLEWEED COURT  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE MGR ☒ Addition  
NAME O'TOOLE, RYAN M.  
STREET ADDRESS 12141 TUMBLEWEED COURT  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE MGR ☐ Change ☒ Addition  
NAME DR. JAMES V. HARRIS  
STREET ADDRESS 264 WINDSON DRIVE  
CITY-ST-ZIP PITTSBURGH, PA 15224

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/24/00 793-9332

CR2E083 (5/00)