

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002520

1. Entity Name

ROGERS & COMPANY OF FLORIDA, LLC

Principal Place of Business

1549 RINGLING BOULEVARD, SUITE 602
SARASOTA FL 34236

Mailing Address

1549 RINGLING BOULEVARD, SUITE 602
SARASOTA FL 34236-6772

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

65-0703464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSCO, STEPHEN M

1549 RINGLING BOULEVARD, SUITE 602
SARASOTA FL 34236

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 ☐ Delete
NAME MGRM
STREET ADDRESS MUSCO, STEHEN M
CITY- ST- ZIP 1549 RINGLING BOULEVARD, SUITE 602
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME 200003280962--4
STREET ADDRESS -06/08/00--01011--024
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ROGERS, ERIC J
CITY- ST- ZIP 100 EAST OLD COUNTRY ROAD
MINEOLA NY 11501

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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 #

4/15/00

CR 15083 (9/99)