

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002520

1. Entity Name

ROGERS & COMPANY OF FLORIDA, LLC

FILED

01 APR 25 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1549 RINGLING BOULEVARD, SUITE 602  
SARASOTA FL 34236

Mailing Address

1549 RINGLING BOULEVARD, SUITE 602  
SARASOTA FL 34236

2. Principal Place of Business

40 North Osprey Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FEI Number

65-0703464

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

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

MUSCO, STEPHEN M

1549 RINGLING BOULEVARD, SUITE 602

SARASOTA FL 34236

Name

STEPHEN M. MUSCO

Street Address (P.O. Box Number is Not Acceptable)

40 NORTH OSPREY AVE

SUITE D

City

SARASOTA

FL

Zip Code

34236

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]*

STEPHEN M. MUSCO

4/23/01

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

100004164351--0

05/09/01--01022--028

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
40 NORTH OSPREY AVE  
CITY-ST-ZIP  
SARASOTA, FL 34236

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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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]*

4/23/01

941 366-8711

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

Date

Daytime Phone #

CR2E083 (11/00)