

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 29 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002882

1. Entity Name  
L. PACSON COMPANY, LLC

Principal Place of Business  
6010 LAUDERDALE STREET  
JUPITER FL 33458

Mailing Address  
P.O. BOX 250  
JUPITER FL 33468-0250

2. Principal Place of Business  
6360 UNGERER ST  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 250  
Suite, Apt. #, etc.

City & State  
JUPITER FL 33458

City & State  
JUPITER FL 33468-0250

4. FEI Number  
06-1533170

Applied For  
Not Applicable

Zip Country  
PALM BEACH

Zip Country  
PALM BEACH

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CONN, PETER A  
6010 LAUDERDALE STREET  
JUPITER FL 33458

## 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 PETER A. CONN Peter A. Conn 4/25/00  
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

TITLE NAME ☐ Delete  
MGR  
CONN, PETER A  
STREET ADDRESS  
6010 LAUDERDALE STREET  
CITY-ST-ZIP  
JUPITER FL 33458

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
MGR  
CONN, PETER A.  
STREET ADDRESS  
6360 UNGERER STREET  
CITY-ST-ZIP  
JUPITER, FL 33458

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
600003250016--1  
-05/12/00--01024--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: Peter A. Conn REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00 561-748-6099  
Date Daytime Phone #