

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91463 050 ****55.00

DOCUMENT # L98000003197

1. Entity Name

HALLMARK/TASSONE, L.C.

Principal Place of Business

**4890 W. KENNEDY BOULEVARD, SUITE 920
TAMPA FL 33609**

Mailing Address

**4890 W. KENNEDY BOULEVARD, SUITE 920
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

4 Gateway Center 10th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Pittsburgh

City & State

City & State
Pittsburgh, PA

Zip

Country

Zip
15222

Country

Allegheny

4. FEI Number

52-2137216

Applied For

Not Applicable

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

MICHAEL WINNER

**4890 W. KENNEDY BLVD., SUITE 920
TAMPA FL 33609**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BINSTOCK, WILLIAM S**
STREET ADDRESS **FOUR GATEWAY CENTER, 10TH FL., 444 LIBERTY**
CITY-ST-ZIP **PITTSBURGH PA 15222-1208**

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

TITLE **MGR** ☐ Delete
NAME **WINNER, MICHAEL R**
STREET ADDRESS **4890 W. KENNEDY BOULEVARD, SUITE 920**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **MGR** ☐ Delete
NAME **TASSONE, TIMOTHY L**
STREET ADDRESS **FOUR GATEWAY CNTR., 10TH FL., 444 LIBERTY**
CITY-ST-ZIP **PITTSBURGH PA 15222-1208**

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

TITLE **MGR** ☐ Delete
NAME **KOENIG, BARBARA M**
STREET ADDRESS **1000 LEGION PLACE, STE. 1200, GATEWAY CNTR**
CITY-ST-ZIP **ORLANDO FL 32801-1056**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Michael R. Winner

Michael R. Winner, Mgr.

813 281 9511

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

Date

Daytime Phone #

CR2E083 (9/01)