

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90008 004 \*\*\*\*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

**4 GATEWAY CENTER  
10TH FLOOR  
PITTSBURGH PA 15222**

2. Principal Place of Business

**GATEWAY CENTER**

Suite, Apt. #, etc.

**1000 LEGION PLACE**

3. Mailing Address

Suite, Apt. #, etc.

**1250**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32801**

Country

**FLORIDA**

Zip

**32801**

Country

**FLORIDA**



☒ CHECK HERE IF MAKING CHANGES

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

**MICHAEL WINNER**

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

7. Name and Address of New Registered Agent

Name

**BARBARA KOENIG**

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

**GATEWAY CENTER**

**1000 LEGION PLACE #1250**

City

**ORLANDO**

FL

Zip Code

**32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Barbara Koenig*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/2/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>BINSTOCK, WILLIAM S</b>	
STREET ADDRESS	<b>FOUR GATEWAY CENTER, 10TH FL., 444 LIBERTY</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15222-1208</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>WINNER, MICHAEL R</b>	
STREET ADDRESS	<b>4890 W. KENNEDY BOULEVARD, SUITE 920</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TASSONE, TIMOTHY L</b>	
STREET ADDRESS	<b>FOUR GATEWAY CNTR., 10TH FL., 444 LIBERTY</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15222-1208</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>KOENIG, BARBARA M</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, STE. 1200, GATEWAY CNTR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801-1056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Barbara Koenig*

**4/8/03**

Date

Daytime Phone #

**1 888.448.4481**

CR2E083 (10/02)