

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003426

1. Entity Name

EDELSON ENTERPRISES L.L.C.

FILED

00 JAN 18 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9009 SEMINOLE BOULEVARD, SUITE 1  
SEMINOLE FL 33772

Mailing Address

9009 SEMINOLE BOULEVARD, SUITE 1  
SEMINOLE FL 33772-3147



2. Principal Place of Business

9009 SEMINOLE BLVD

Suite, Apt. #, etc.

SUITE 2B

City & State

SEMINOLE, FL

Zip

33772

Country

USA

3. Mailing Address

9009 SEMINOLE BLVD

Suite, Apt. #, etc.

SUITE 2B

City & State

SEMINOLE, FL

Zip

33772

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547392

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDELSON, STEVEN G

9009 SEMINOLE BOULEVARD, SUITE 2B

SEMINOLE FL 33772

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE MGR  
NAME LINDSEY, PATRICK L  
STREET ADDRESS 953 REDFIELD ROAD, APARTMENT E  
CITY- ST- ZIP BEL AIR MD 21014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10.

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

ADDITIONS / CHANGES

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

200003112232--0

-01/27/00-01014-019

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

☐ Change ☐ Add

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 OR MANAGER PATRICK LINDSEY 1/10/2000

Date

Daytime Phone #

410-  
836-  
8726