

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000147

1. Entity Name

APPLE CAPITOL GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

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Principal Place of Business

490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE FL 33325

Mailing Address

490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE FL 33325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0887338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRSCHNER, JASON

490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE FL 33325

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR KIRSCHNER, JASON ☐ Delete
STREET ADDRESS 2710 OAKBROOK LANE
CITY-ST-ZIP WESTON FL 33332

TITLE NAME 2109 N Street ☒ Change ☐ Addition
STREET ADDRESS Washington DC 20037
CITY-ST-ZIP

TITLE NAME MGR FRAZEY, BRUCE E ☐ Delete
STREET ADDRESS 915 SAVANNAH FALLS DRIVE
CITY-ST-ZIP WESTON FL 33327

TITLE NAME 1411 Saint Gabrielle Lane #3512 ☒ Change ☐ Addition
STREET ADDRESS Weston, FL 33326
CITY-ST-ZIP

TITLE NAME MGR WILLEY, VINCENT JAMES ☐ Delete
STREET ADDRESS 9554 BELLHAVEN COURT
CITY-ST-ZIP FREDERICK MD 21701

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003459386--7
CITY-ST-ZIP -11/09/00--01039--020

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ***50.00
CITY-ST-ZIP 600003459386--7
-11/09/00--01039--021

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****100.00 ***100.00
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:

Jason Kirchner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/14/00

Date

954-851-9494

Daytime Phone #

CR2E083 (5/00)