

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000147

1. Entity Name
APPLE CAPITOL GROUP, LLC

Principal Place of Business Mailing Address
490 SAWGRASS CORPORATE PARKWAY, SUITE 330 490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE FL 33325 SUNRISE FL 33325

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

7. Name and Address of New Registered Agent

KIRSCHNER, JASON
490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE FL 33325

Name Bruce Frazey
Street Address (P.O. Box Number is Not Acceptable)
490 Sawgrass Corp. Pkwy #330
City Sunrise FL Zip Code 33325

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 & printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
KIRSCHNER, JASON
STREET ADDRESS 2109 NORTH STREET
CITY-ST-ZIP WASHINGTON DC 20037 ☒ Delete

TITLE NAME MGR
FRAZEY, BRUCE E
STREET ADDRESS 1411 SAINT GABRIELLE LAND, #3512
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

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

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

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

TITLE NAME MGR
Jay Gillespie
STREET ADDRESS 2641 Cabin Creek Road
CITY-ST-ZIP Alexandria, VA 22314 ☐ Change ☒ Addition

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

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

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

4/10/01 951-851-9494
Date Daytime Phone #

0012807 AF

CR2E083 (11/00)