

# 2000 UNIFORM BUSINESS REPORT (UBR)

1010210 AF

DOCUMENT # L99000000217

1. Entity Name  
COOPER, BYRNE, BLUE & SCHWARTZ, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PH 2:09

Principal Place of Business  
POST OFFICE BOX 13651  
TALLAHASSEE FL 32317-3651

Mailing Address  
POST OFFICE BOX 13651  
TALLAHASSEE FL 32317-3651

2. Principal Place of Business  
1358 Thomaswood Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1358 Thomaswood Drive  
Suite, Apt. #, etc.

City & State  
Tallahassee, Florida  
Zip Country  
32312 Leon

City & State  
Tallahassee, Florida  
Zip Country  
32312 Leon



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3556366 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.  
2414 EAST PLAZA DRIVE - 1358 Thomaswood Drive  
TALLAHASSEE FL 32308 - 32312

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 Charles L. Cooper, Jr. DATE 2-3-00

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, CHARLES L JR. 2414 EAST PLAZA DRIVE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1358 Thomaswood Dr. 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1358 Thomaswood Dr. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003132063--0 -02/11/00--01013--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles L. Cooper, Jr. DATE 2-3-00

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

Date

Daytime Phone #

CR2E083 (9/99)