

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000342**

1. Entity Name

RANDOLPH READ L.L.C.

Principal Place of Business

**128 BARBADOS DRIVE
JUPITER FL 33458**

Mailing Address

**128 BARBADOS DRIVE
JUPITER FL 33458**

2. Principal Place of Business

128 BARBADOS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

128 BARBADOS DRIVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUICK, JAMES R
128 BARBADOS DRIVE
JUPITER FL 33458**

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/MEMBERS

TITLE **MGR** ☐ Delete
NAME **JAMES R. QUICK, D.M.D., J.D.**
STREET ADDRESS **128 BARBADOS DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003602433--6**
CITY-ST-ZIP **-01/30/01--01113--013**
*******50.00 *****50.00**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-11-01 (861) 776-1233

Date

Daytime Phone #

FILED

01 JAN 24 AM 11:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)