

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90034 039 ***150.00

DOCUMENT # L99000000342

1. Entity Name

RANDOLPH READ L.L.C.

903762



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**128 BARBADOS DRIVE
 JUPITER FL 33458**

Mailing Address

**128 BARBADOS DRIVE
 JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2151 So. U.S. Highway One

Suite, Apt. #, etc.

2151 So U.S Highway One

City & State

Jupiter, Florida

City & State

Jupiter, Florida

Zip

Country

33477 USA

Zip

Country

33477 USA

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 **JAMES R. Quick, Esquire**

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

DRIFTWOOD PLAZA

2151 So. U.S. Highway One

City **Jupiter**

FL

Zip Code

33477

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

01-07-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

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

Date

01-02-02

Daytime Phone #

(561) 746-0801

CR2E083 (9/01)