

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 JUN -5 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011859 AF

DOCUMENT # L99000000422

1. Entity Name
SAUNDERS NCT BUSINESS BROKERS, LLC

Principal Place of Business
1029 STATE ROAD 540 EAST
LAKELAND FL 33813

Mailing Address
P.O. BOX 6988
LAKELAND FL 33807-6988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1031 State Rd. 540 East
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakeland FL
Zip
33813

Country

City & State

Zip

Country

4. FEI Number
59-3554364

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUCHTON, DAVID M
811 EAST MAIN STREET
LAKELAND FL 33801

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SAUNDERS, DEAN
1023 BRIGHTON WAY
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200003298792--5
-06/21/00--01047--001
*****50.00 *****50.00

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)