

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021446 AF

DOCUMENT # **L99000000595**

FILED

1. Entity Name  
**LAWRENCE R. LIPMAN, L.L.C.**

01 MAY -1 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**315 E NEW MARKET ROAD  
IMMOKALEE FL 34142**

Mailing Address  
**P.O. BOX 3088  
IMMOKALEE FL 34143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>262-72-764</b>		APPLIED FOR		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Not Applicable	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Zip		Country		Zip		Country		City	

**6. Name and Address of Current Registered Agent**

**LIPMAN, LAWRENCE R  
315 E. NEW MARKET ROAD  
IMMOKALEE FL 34142**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>MGRM LIPMAN, LAWRENCE R</b>
STREET ADDRESS	<b>315 E. NEW MARKET ROAD</b>
CITY-ST-ZIP	<b>IMMOKALEE FL 34142</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**-05/21/01--01148--008**  
**\*\*\*50.00\*\*\***

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: *Lawrence R. Lipman* **3/27/01** 941-657-4421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)