

2001 UNIFORM BUSINESS REPORT (UBR)

0022736 AF

DOCUMENT # L99000001113

1. Entity Name
ANGEL FIRE, L.L.C.

FILED

01 MAR 15 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5347 MAIN ST., SUITE 100
NEW PORT RICHEY FL 34652**

Mailing Address
**5347 MAIN ST., SUITE 100
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3559116**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQUIRE
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756**

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 **FREDERICK A. HAUBER, M.D.**
STREET ADDRESS **5347 MAIN ST., SUITE 100**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**000003891150--9
-03/21/01--01105--002
*****50.00 *****50.00**

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

3-12-01 (727) 845-4868

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

Date

Daytime Phone #

CR2E083 (11/00)