

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001386

1. Entity Name  
UNISERV, LC

Principal Place of Business  
1149 N.W. 13TH STREET, #11  
BOCA RATON FL 33486

Mailing Address  
1149 N.W. 13TH STREET, #11  
BOCA RATON FL 33486-2258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAUGHLIN, GREGORY A ESQ  
TRIPP SCOTT  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE FL 33301

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
NORTON, JEFF  
P.O. BOX 5326  
FT LAUDERDALE FL 33310 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
500003198385--6  
-04/06/00--01065--015  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
YOUNKER, KURT  
1149 N.W. 13TH STREET, #11  
BOCA RATON FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
3L ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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

3/14/00

Date

(954) 468-0652

Daytime Phone #

CR2E083 (9/99)