

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001752**

1. Entity Name  
**THE SCHNEIDER GROUP, L.C.**

Principal Place of Business 10201 RADCLIFFE DRIVE TAMPA FL 33626	Mailing Address 10201 RADCLIFFE DRIVE TAMPA FL 33626
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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 **59-3593140**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

**DALY      TERENCE      J**  
**4009 WEST ANGELES STREET**  
  
**TAMPA      US      FL**  
**33629**

**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 **04/25/2000**  
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  Delete  
NAME **MGR      SCHNEIDER      BRENDA**  
STREET ADDRESS **10201 RADCLIFFE DRIVE**  
CITY-ST-ZIP **TAMPA      FL 33626**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.