

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001792

1. Entity Name

NATURE SAVER, L.L.C.

Principal Place of Business

2855 OCEAN DRIVE, SUITE C-6
VERO BEACH FL 32963

Mailing Address

P.O. BOX 3628
VERO BEACH FL 32964

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

APPLIED FOR

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

FENNELL, TODD W.
979 BEACHLAND BLVD.
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FEI NO:
65-0905985

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
MGRM
BERGSTRESSER, RICHARD
NORTH 10880 A-1-A
VERO BEACH FL 32963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NOONAN, DAN
2855 OCEAN DRIVE, SUITE C-6
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004475227-0
-07/13/01-01096-021
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETERSON, MARVIN R
2855 OCEAN DRIVE, SUITE C-6
VERO BEACH FL 32963 ☐ Delete

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

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☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561
231 4740

0032165 SP

CR2E083 (11/00)

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE