

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002170

1. Entity Name

FRANK MENKE ORGANIZATION, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

~~1605 MAIN STREET, SUITE 1005~~  
~~SARASOTA FL 34236~~

Mailing Address

~~1605 MAIN STREET, SUITE 1005~~  
~~SARASOTA FL 34236-5861~~

2. Principal Place of Business

1819 Oleander Street  
Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 5718  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34239 SARASOTA

Zip

34277 SARASOTA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKE, FRANK III  
~~1605 MAIN STREET, SUITE 1005~~  
~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent

Name: FRANK MENKE III  
Street Address (P.O. Box Number is Not Acceptable): 1819 Oleander Street  
City: SARASOTA FL Zip Code: 34239

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 Frank Menke III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9.5.00

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENKE, FRANK III <del>1605 MAIN STREET, SUITE 1005</del> <del>SARASOTA FL 34236</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1819 Oleander Street SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003391199--2 -09/13/00--01040--017 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frank Menke III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9.05.00

DATE

941.364.9285

Daytime Phone #

CR2E083 (9/99)