

# 2001 UNIFORM BUSINESS REPORT (UBR)

**L9900000 2277**

DOCUMENT #

1. Entity Name

FACECAB OF Tallahassee, L.C.

FILED

01 MAR 30 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(1)

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

601 Addison Circle

c/o Marlow V. White

Suite, Apt. #, etc.

Suite, Apt. #, etc.

222 West Georgia Street

City & State

City & State

Tallahassee, FL 32301

Zip

Country

Zip

Country

4. FEI Number

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

7. Name and Address of New Registered Agent

Marlow V. White  
222 West Georgia Street  
Tallahassee, FL 32301

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

600004015006--6  
-04/18/01--01027--001  
\*\*\*\*100.00 \*\*\*\*100.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME RICHARD A. HEUSER  
STREET ADDRESS c/o White  
CITY-ST-ZIP 222 West Georgia Street  
Tallahassee, FL 32301

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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.

SIGNATURE:

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

Date

Daytime Phone #

Alan B. Torlo 366.0223

CR2E083 (11/00)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 30 PM 5:01

FILED

THIS IS THE UNIFORM BUSINESS  
REPORT FOR THE YEARS

2000 and 2001.

03/30/01 FRI 17:08 FAX

IPP

**L9900002279**

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(2)

I Rich Hensen didn't receive  
my Annual Report for to  
2000 for the Company  
of Racalab of Tallahassee L.C.

Thankyou!

Rich Hensen  
3-30-01

251-3502 cell

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01 MAR 30 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA