

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002518**

1. Entity Name

EIRE OMAHA FLORIDA L.L.C.

Principal Place of Business

**1801 N.E. 4TH STREET, SUITE 200
BOYNTON BEACH FL 33435**

Mailing Address

**1801 N.E. 4TH STREET, SUITE 200
BOYNTON BEACH FL 33435**

2. Principal Place of Business

2840 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

2840 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, FL

Zip

33431

Country

USA

FILED

01 FEB 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPILLANE, MARK

**1801 N.E. 4TH STREET, SUITE 200
BOYNTON BEACH FL 33435**

**2840 NW Boca Raton Blvd.
Suite 101
Boca Raton, FL 33431**

7. Name and Address of New Registered Agent

Name

Spillane & Company Inc.

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

2840 NW Boca Raton Blvd

Suite 101

City

Boca Raton

FL

Zip Code

33431

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

Spillane & Company, Inc. by Mark D. Spillane *[Signature]* **1-30-01**

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

(NOTE: Registered Agent's signature is required when reinstating)

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	MGR SPILLANE, MARK 1801 NE 4TH STREET, SUITE 200 BOYNTON BEACH FL 33435	<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 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
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

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02/21/01-01003-021
*******50.00 *****50.00**

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 #

1/16/01

561-742-1201

CR2E083 (11/00)