

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002607

1. Entity Name

SACHS FREEDMAN LLC

Principal Place of Business

525 NORTH NEWMAN STREET  
JACKSONVILLE FL 32202

Mailing Address

525 NORTH NEWMAN STREET  
JACKSONVILLE FL 32202-3121

2. Principal Place of Business

525 NORTH NEWMAN ST.

3. Mailing Address

525 NORTH NEWMAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3576266

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, NORMAN P P.A.  
525 NORTH NEWMAN STREET  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

525 NORTH NEWMAN ST.

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM FREEDMAN, NORMAN P ☐ Delete  
STREET ADDRESS 525 NORTH NEWMAN STREET  
CITY- ST- ZIP JACKSONVILLE FL 32202

TITLE NAME MGRM SACHS, BERNARD ☐ Delete  
STREET ADDRESS 4176 PALOMA POINT COURT  
CITY- ST- ZIP JACKSONVILLE FL 32217

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003178614--4  
CITY- ST- ZIP -03/21/00--01108--022  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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 OF *Norman P. Freedman*

Norman P. Freedman

2/17/00

(904) 354-8448

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

Date

Daytime Phone #

CR2E083 (9/99)

FILED

00 MAR -7 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE