

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002824

1. Entity Name

TAILS ASSET MANAGEMENT, LLC

FILED

W21/20

00 JAN 13 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2635 NORTH RIVERSIDE DRIVE  
POMPANO BEACH FL 33062

Mailing Address  
2635 NORTH RIVERSIDE DRIVE  
POMPANO BEACH FL 33062-1201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applied

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
JAMES R. HILL SR.

Street Address (P.O. Box Number is Not Acceptable)  
2635 N. RIVERSIDE DRIVE

City  
Pompano Beach

FL Zip Code  
33062

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

1-5-2000

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME MGR  
STREET ADDRESS HILL, JAMES R  
CITY-ST-ZIP 2635 NORTH RIVERSIDE DRIVE  
POMPANO BEACH FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 500003115415--1  
CITY-ST-ZIP -01/31/00--01007--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 OR MANAGER

Date

Daytime Phone #