

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 12 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L99000002858

1. Entity Name  
FV ONE, LLC

Principal Place of Business  
C/O THOMAS K. DENOMME  
8789 LAPALMA LANE  
NAPLES FL 34108

Mailing Address  
C/O THOMAS K. DENOMME  
8789 LAPALMA LANE  
NAPLES FL 34108-7755

2. Principal Place of Business  
1270 Waggle Way  
Suite, Apt. #, etc.

3. Mailing Address  
3401 Enterprise Parkway  
Suite, Apt. #, etc.  
Suite 412

City & State  
Naples, Florida

City & State  
Beachwood, Ohio

Zip  
34108

Country  
USA

Zip  
44122

Country  
USA

4. FEI Number  
31-1690295

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DENOMME, THOMAS K  
8789 LAPALMA LANE  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name  
Thomas K. DeNomme

Street Address (P.O. Box Number is Not Acceptable)  
1270 Waggle Way

City  
Naples

State  
FL

Zip Code  
34108

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  
*Thomas K. DeNomme*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
5/10/00

**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 DENOMME, THOMAS K 8789 LAPALMA LANE NAPLES FL 34109	<input checked="" 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	MGRM Michael A. Wyss 3401 Enterprise Parkway, Suite 412 Beachwood, OH 44122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003278882-8 -06/06/00-01100-019 *****50.00 *****50.00	<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

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: *Michael A. Wyss* REQUIRED

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

Date  
4-18-00

Daytime Phone #

CR2001-00191