

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003187

1. Entity Name

ALBACH, LLC

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8535 YUKON COURT

8535 YUKON COURT

ST. JAMES CITY FL 33956

ST. JAMES CITY FL 33956-3043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933149

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

EDY, WILLIAM T

201 NICHOLAS PARKWAY WEST

CAPE CORAL FL 33991

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CHRISTENBERY, CHARLES
STREET ADDRESS 8535 YUKON COURT
CITY- ST- ZIP ST. JAMES CITY FL 33956 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
600003118416-02/01/00--01068--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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

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

Date

Daytime Phone #

1-21-00