

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003674

1. Entity Name

RESTRUCTURE PARTNERS, LLC

FILED

00 JAN 18 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

205 SOUTH HOOVER BLVD., SUITE 101  
TAMPA FL 33609

Mailing Address

205 SOUTH HOOVER BLVD., SUITE 101  
TAMPA FL 33609-3594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583964

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CECCARELLI, JACK J

205 SOUTH HOOVER BLVD., SUITE 101  
TAMPA FL 33609

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

JACK J. Ceccarelli

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 MGRM. ☐ Delete  
NAME RESTRUCTURE PETROLEUM MARKETING SERVICES  
STREET ADDRESS 205 SOUTH HOOVER BLVD., SUITE 101  
CITY- ST- ZIP TAMPA FL 33609

TITLE 300003112433 ☐ ☒  
NAME -01/27/00--01022-015  
STREET ADDRESS \*\*\*\*\*55.00 \*\*\*\*\*55.00  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐  
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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)(l), 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.

President of RPMS (Managing Member)

SIGNATURE:

JACK J. Ceccarelli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE REQUIRED

1/14/00  
Date

(813) 636-8111  
Daytime Phone #