

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004035

1. Entity Name
ABC-I, LLC

FILED

00 JAN 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

Mailing Address
1205 MANATEE AVENUE WEST
BRADENTON FL 34205-7517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4832 78th Street East
Suite, Apt. #, etc.

3. Mailing Address
4832 78th Street East
Suite, Apt. #, etc.

City & State
Bradenton, FL 34203

City & State
Bradenton, FL

4. FEI Number
65-0933672

Applied For
Not Applicable

Zip Country
34203 USA

Zip Country
34203 USA

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

KNOWLES, TIMOTHY A ESQ.
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

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

TITLE NAME
MGR
BERUFF, CARLOS M
STREET ADDRESS
4832 78TH STREET EAST
CITY-ST-ZIP
BRADENTON FL 34203 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600003119426-3
-02/01/00--01123--017
***** \$50.00 ***** 50.00 ☐ Change ☐

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

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

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

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 REQUIRED

1/20/00

941-753-6000

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

Date

Daytime Phone #