

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017970
SP

DOCUMENT # L99000004296

1. Entity Name
SUCCESS TEAM USA, LLC

00 MAY -1 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4333 WINDERMERE PLACE
SARASOTA FL 34231

Mailing Address

4333 WINDERMERE PLACE
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2828 CLARK RD

Suite, Apt. #, etc.

#7

City & State

SARASOTA, FL

Zip

Country

USA

3. Mailing Address

2828 CLARK RD

Suite, Apt. #, etc.

#7

City & State

SARASOTA, FL

Zip

Country

USA

4. FEI Number

65-0933578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

800003258488--2
-05/19/00--01006--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME BURTON, ROBERT A
STREET ADDRESS 4333 WINDERMERE PLACE
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE MGR
NAME BAUMANN, ROBERT F
STREET ADDRESS 5017 VANDERPE RD
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE MGR
NAME HASSLER, WILLIAM D
STREET ADDRESS POST OFFICE BOX 2880
CITY-ST-ZIP SARASOTA FL 34230 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

William D. Hassler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4-12-00 (941) 927-7720

Daytime Phone #

CR2E083 (9/99)