

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004335

1. Entity Name

RESERVE PLANNING, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

C/O ANTONIO F. UCCELLO, III  
3859 BEE RIDGE ROAD SUITE 103  
SARASOTA FL 34233

Mailing Address

C/O ANTONIO F. UCCELLO, III  
3859 BEE RIDGE ROAD SUITE 103  
SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4744 SPINNAKER DR

3. Mailing Address

4744 SPINNAKER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

65-0936876

Applied For

Not Applicable

Zip

Country

34208 USA

Zip

Country

34208 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

MILLER, HAROLD O  
7350 SOUTH TAMiami TRAIL  
SUITE 210  
SARASOTA FL 34231

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME UCCELLO, ANTONIO F III  
STREET ADDRESS 3851 BEE RIDGE ROAD SUITE 103  
CITY-ST-ZIP SARASOTA FL 34233

TITLE MGRM ☒ Change ☐ Addition  
NAME UCCELLO, ANTONIO F III  
STREET ADDRESS 4744 SPINNAKER DR.  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE MGRM ☐ Delete  
NAME MILLER, HAROLD O  
STREET ADDRESS 7350 SOUTH TAMiami TRAIL SUITE 201  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500003399405--9  
CITY-ST-ZIP 09/20/00--01062--016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*50.00 ~~50.00~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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 #

9-1-00 (941) 7132504

CR2E083 (5/00)