

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90091 021 \*\*\*\*50.00

**DOCUMENT # L99000004335**

1. Entity Name  
**RESERVE PLANNING, LLC**

Principal Place of Business

**4744 SPINNAKER DRIVE  
BRADENTON FL 34208**

Mailing Address

**4744 SPINNAKER DRIVE  
BRADENTON FL 34208**

2. Principal Place of Business

**7350 S. TAMIAHI TR**

Suite, Apt. #, etc.

**# 210**

City & State  
**SARASOTA, FL**

Zip  
**34231** Country  
**SARASOTA**

3. Mailing Address

**7350 S. TAMIAHI TR**

Suite, Apt. #, etc.

**# 210**

City & State  
**SARASOTA, FL**

Zip  
**34231** Country  
**SARASOTA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0936876**

Applied For

Not Applicable

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 TAMIAHI 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. I am familiar with, and accept the obligations of registered agent.

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  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
**MGRM** ☐ Delete  
NAME  
**MILLER, HAROLD O**  
STREET ADDRESS  
**7350 SOUTH TAMIAHI TRAIL SUITE 210**  
CITY-ST-ZIP  
**SARASOTA FL 34231**

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  
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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

**9-9-02 941/766-0623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)