

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004412**

1. Entity Name  
**ETRUSCAN IMPORTS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

905 WOODHAVEN LANE  
VERO BEACH FL 32962

Mailing Address

PO BOX 650938  
VERO BEACH FL 32965

2. Principal Place of Business

**760-5 8th COURT**

Suite, Apt. #, etc.  
**5**

3. Mailing Address

**760-5 8th COURT**

Suite, Apt. #, etc.  
**5**



DO NOT WRITE IN THIS SPACE

City & State

**VERO BEACH FL**

City & State

**VERO BEACH**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
**32962**

Country  
**INDIAN RIVER**

Zip  
**FL 32962**

Country  
**Indian River**

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

**MCDIVITT, JOHN M**  
**125 WORTH AVENUE, STE 310**  
**PALM BEACH FL 33480**

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**REYNOLDS, ROBERT J**  
**905 WOODHAVEN LANE**  
**VERO BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

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

**7-28-00 561-978-0885**

Date

Daytime Phone #

CR2E083 (5/00)