

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004973

1. Entity Name  
SACHS FREEDMAN RIDAUGHT LLC

FILED  
00 MAR -7 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
525 NORTH NEWNAN STREET  
JACKSONVILLE FL 32202

Mailing Address  
525 NORTH NEWNAN STREET  
JACKSONVILLE FL 32202-3121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number  
39-3592429

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NORMAN P. FREEDMAN, P.A.  
525 NORTH NEWNAN STREET  
JACKSONVILLE FL 32202

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME FREEDMAN, NORMAN P  
STREET ADDRESS 525 NORTH NEWNAN STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE MGRM  
NAME SACHS, BERNARD  
STREET ADDRESS 4176 PALOMA POINT COURT  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

9000003178599--2  
-03/21/00--01108--020  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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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: NORMAN P. FREEDMAN **REQUIRED** 2/7/00 (904) 354-8448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)