

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 26 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005074

1. Entity Name  
THE COLSON - NOLAN GROUP, L.L.C.

Principal Place of Business  
4701 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

Mailing Address  
4701 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064-6562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4701 N. FEDERAL HWY

4701 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 455

SUITE 455

City & State

City & State

LIGHTHOUSE POINT FL

LIGHTHOUSE POINT, FL

Zip

Country

Zip

Country

33064

33064

4. FEI Number

65-0240900

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

TARONE, THEODORE T JR.  
1665 PALM BEACH LAKES BLVD., SUITE 600  
WEST PALM BEACH FL 33401

Name

EDWARD M. COLSON

Street Address (P.O. Box Number is Not Acceptable)

4701 N. FEDERAL HIGHWAY

SUITE 455

City

LIGHTHOUSE POINT

FL

Zip Code

33064

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME NOLAN, DANIEL P  
STREET ADDRESS 4701 N. FEDERAL HIGHWAY  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME COLSON, EDWARD M  
STREET ADDRESS 4701 N. FEDERAL HIGHWAY  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE  
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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 #

CR2E083 (9/99)