

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005074

1. Entity Name

THE COLSON - NOLAN GROUP, L.L.C.

Principal Place of Business

4701 N. FEDERAL HIGHWAY  
SUITE 455  
LIGHTHOUSE POINT FL 33064

Mailing Address

4701 N. FEDERAL HIGHWAY  
SUITE 455  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

21218 ST. ANDREWS BLVD

Suite, Apt. #, etc.

501

City & State

BOCA RATON, FL

Zip

33433

Country

USA

4. FEI Number

65-0940900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TARONE, THEODORE T JR.

4701 N. FEDERAL HIGHWAY, SUITE 455  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

DANIEL P. NOLAN

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

3312B SPANISH WELLS DRIVE

City

DEER BEACH

FL

Zip Code

33445

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

*Daniel P. Nolan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/5/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM NOLAN, DANIEL P ☒ Change ☐ Addition  
STREET ADDRESS 21218 ST. ANDREWS BLVD, #501  
CITY-ST-ZIP BOCA RATON FL 33433

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Daniel P. Nolan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/5/01

Date

954.415.5558

Daytime Phone #

FILED

2001 MAY - 9 AM 11:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE