

2000 UNIFORM BUSINESS REPORT (UBR)

0006626 AF

DOCUMENT # L99000005122

1. Entity Name
REMEMBERING SPIRIT CARD COMPANY LLC

FILED 4/4
00 MAR 24 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
211 SOUTH MAYA PALM DR.
BOCA RATON FL 33432

Mailing Address
211 SOUTH MAYA PALM DR.
BOCA RATON FL 33432-7926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

315 S.E. MIZNER

3. Mailing Address

BLVD

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

Remembering Spirit Cards

211 S. Maya Palm Dr.

Boca Raton, FL 33432

(561) 391-3637

City & State
BOCA RATON, FL

City & State
Boca Raton, FL 33432

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33432

Country

FLORIDA

Zip

Country

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

6. Name and Address of Current Registered Agent

NEWMAN, ANN
211 SOUTH MAYA PALM DR.
BOCA RATON FL 33432

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 *Ann Newmann*

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

(NOTE: Registered Agent signature required when reinstating)

1-25-00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME NEWMANN, ANN MGR
STREET ADDRESS 211 SOUTH MAYA PALM DR.
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME Lawrence J. Newman MGR
STREET ADDRESS 211 South Maya Palm Dr.
CITY-ST-ZIP Boca Raton, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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: *Ann Newmann* SIGNATURE REQUIRED ANN-NEWMANN

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

2-9-2000 561-391-3637

Date

Daytime Phone #

CR2E083 (9/99)