

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90073 011 \*\*\*\*50.00

**DOCUMENT # L99000005347**

1. Entity Name

**HERMAN BAER, L.L.C.**

Principal Place of Business

**3015 NORTH WEST 75TH STREET  
GAINESVILLE FL 32606**

Mailing Address

**3015 NORTH WEST 75TH STREET  
GAINESVILLE FL 32606**

2. Principal Place of Business

**SAR**

3. Mailing Address

**SAR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**SAR**

City &amp; State

**SAR**

Zip

**SAR**

Country

**SAR**

Zip

**SAR**

Country

**SAR**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3599837**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAER, HERMAN  
3015 NORTH WEST 75TH STREET  
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

**NA**

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

**NA**

City

**NA****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

**(Herman Baer)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**(4/13/02)**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>BAER, HERMAN</b>	
STREET ADDRESS	<b>3015 NORTH WEST 75TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**(Herman Baer)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/13/02**

Date

Daytime Phone #

CR2E083 (9/01)