

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005415**

1. Entity Name

ACCORD ONE GROUP, L.L.C.

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~225 WATER STREET~~  
~~SUITE 1250~~  
JACKSONVILLE FL ~~32202~~

Mailing Address

~~225 WATER STREET~~  
~~SUITE 1250~~  
JACKSONVILLE FL ~~32202-5140~~

2. Principal Place of Business

4130 Salisbury Rd.  
Suite, Apt. #, etc.  
Suite 2300

3. Mailing Address

Post Office Box 551738  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

USA

City & State

Jacksonville, FL

Zip

32255

Country

USA

4. FEI Number

59-3500463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHUNN, DOUGLAS D  
225 WATER STREET  
SUITE 1250  
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

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

TITLE NAME ☐ Delete  
MGR SULLIVAN, ERIC J  
STREET ADDRESS 4045 AMERICA AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH FL

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 4130 Salisbury Rd., Suite 2300  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003119884--5  
CITY-ST-ZIP -02/01/00--01145--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

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

Eric J. Sullivan  
Manager

Date

Daytime Phone #

1.07.99 94.332.6777