

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005482

1. Entity Name

TCCT, LIMITED LIABILITY COMPANY

Principal Place of Business

POST OFFICE BOX 640
BOKEELIA FL 33922

Mailing Address

155 LINCOLN STREET
ENGLEWOOD NJ 07631

FILED

2001 MAY 10 PM 2:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

22-3743427

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

MOOREY, THOMAS E

1430 ROYAL PALM SQUARE BLVD, SUITE 105

FORT MYERS FL 33919

8115 Main St

Useppa Island Club
P.O. Box 610
Bokeelia, FL 33922

Name

Dwight D. Sippelle

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

155 Lincoln St.

Englewood, NJ 07631

City

Bokeelia, F

FL

Zip Code

07631

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 of current registered agent is not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIPPELLE, DWIGHT
POST OFFICE BOX 640
BOKEELIA FL 33922

☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Dwight D. Sippelle

3/1/01

201-227-1948