

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005680

1. Entity Name

UROSEARCH OF FLORIDA, L.C.

APPROVED  
AND  
FILED

00 JUN 19 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

609 W. HIGHLANDS BLVD.  
INVERNESS FL 34452

Mailing Address

609 W. HIGHLANDS BLVD.  
INVERNESS FL 34452-4638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603086

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, KEVIN K ESQ.

320 HIGHWAY 41 SOUTH  
INVERNESS FL 34450

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

10. ADDITIONS/CHANGES

TITLE MGR  
NAME STINGER, THOMAS DR.  
STREET ADDRESS 609 W. HIGHLANDS BLVD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME STRINGER, THOMAS DR. ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME DESAI, PARESH  
STREET ADDRESS 609 W. HIGHLANDS BLVD.  
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE  
NAME 400003302034--4  
STREET ADDRESS -06/23/00--01004--012  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE MGR  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MANAGER  
NAME THOMAS HAESSEKER  
STREET ADDRESS 301 S CITRUS AVE  
CITY-ST-ZIP INVERNESS, FL 34452 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

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

6/16/00  
Date

352 341-2100  
Daytime Phone #

CR2E033 (9/99)