

2001 UNIFORM BUSINESS REPORT (UBR)

0025116 AF

DOCUMENT # L99000005680

1. Entity Name
UROSEARCH OF FLORIDA, L.C.

Principal Place of Business
609 W. HIGHLANDS BLVD.
INVERNESS FL 34452

Mailing Address
609 W. HIGHLANDS BLVD.
INVERNESS FL 34452



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

59-3603086

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

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 STRINGER, THOMAS DR.
STREET ADDRESS 609 W. HIGHLANDS BLVD.
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE
NAME 400003959444-1 ☐ Change ☐ Addition
STREET ADDRESS -04/04/01--01077--021
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE MGR
NAME HAESEKIR, THOMAS
STREET ADDRESS 301 S. CITRUS AVENUE
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

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

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

Date

Daytime Phone #

3/21/01 362-341-2100

CR2E083 (11/00)