

2000 UNIFORM BUSINESS REPORT (UBR)

0010064 AF

DOCUMENT # L99000005968

1. Entity Name
SUPPLY CHAIN RE-ENGINEERING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:44

Principal Place of Business
714 CIMARRON AVENUE
THE VILLAGES FL 32159

Mailing Address
714 CIMARRON AVENUE
THE VILLAGES FL 32159-9490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3600858

Applied For

Not Applicable

Zip

Country

Sumter

Zip

Country

Sumter

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GAUL, ANDREW R
714 CIMARRON AVENUE
THE VILLAGES FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000003145140--4
-02/23/00--01093--013
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EARL DOUGLAS FONNER
714 CIMARRON AVENUE
THE VILLAGES FL 32159 ☐ Delete

TITLE
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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:

Andrew R. Gaul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-1-00

Date

352-259-1042

Daytime Phone #

CR2E083 (9/99)