

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000006024

1. Entity Name

BENCHMARK CAPITAL GROUP, L.L.C.

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1650 OAKHURST AVENUE
WINTER PARK FL 32789

Mailing Address

1650 OAKHURST AVENUE
WINTER PARK FL 32789-2747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1819 Main Street

Suite, Apt. #, etc.

Suite 403

3. Mailing Address

1819 Main Street

Suite, Apt. #, etc.

Suite 403

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

Zip

34236

Country

4. FEI Number

59-3610451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEPE, DAVID S

1650 OAKHURST AVENUE

WINTER PARK FL 32789

Name

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

1819 Main Street, Suite 403

City

Sarasota

FL

Zip Code

34236

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME MGR
STREET ADDRESS PEPE, DAVID S
CITY- ST- ZIP 1650 OAKHURST AVENUE
WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1819 Main Street, Suite 403
CITY- ST- ZIP Sarasota, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003283743--4
CITY- ST- ZIP -06/09/00--01113--017
*****50.00 *****50.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

DAVID S. PEPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/16/00
Date

(941) 952-9196
Daytime Phone #

CR2E083 (9/99)