

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006355

1. Entity Name
ROHLOFF, FLORIDA PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business
4848 SOUTH 120TH STREET, SUITE 300
OMAHA NE 68127

Mailing Address
4848 SOUTH 120TH STREET, SUITE 300
OMAHA NE 68127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4045 South 148th Street

3. Mailing Address
4045 South 148th Street

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Omaha, NE

City & State
Omaha, NE

Zip
68137

Country

Zip
68137

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILBUR, JOHN H
112 WEST ADAMS ST., #1700
JACKSONVILLE FL 32202-3895

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
112 West Adams St., #1700
Jacksonville, FL 32202-3895

City
Jacksonville

State
FL

Zip Code
32202-3895

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003368968
-08/23/00--01092--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ROHLOFF, DOUGLAS W
4848 SOUTH, 120TH STREET, SUITE 300
OMAHA NE 68127

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Rohloff, Douglas W
4045 South 148th Street, Suite 200
Omaha, NE 68137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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

8-9-00

402-894-0031

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

Date

Daytime Phone #

CF-2E083 (5/00)