

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006899

1. Entity Name
ARNOLD FRIEDMAN, L.L.C.

Principal Place of Business
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216

Mailing Address
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business
P.O. Box 551260
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 551260
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32255
Country

City & State
Jacksonville, FL
Zip
32255
Country

4. FEI Number
104-18-0868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Lewis Ansbacher
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City Jacksonville FL Zip Code 32256

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Friedman, Arnold
4628 Tall Pines Drive, N.W.
Atlanta, GA 30327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500003195415-4
-04/04/00-01077-013
*****50.00 *****50.00

TITLE
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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:

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

Date

Daytime Phone #

1000214 AF

(66/6) 580232C

APR 1 1999
FILED
00 MAR 20 AM 10:35
SECRET, BY DE STATE
TALLAHASSEE, FL 32304
3/30

DO NOT WRITE IN THIS SPACE