2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006904

1. Entity Name

ARNOLD VANDROFF, L.L.C.

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BLVD.. STE 100	4215 SOUTHPOINT BLVD.. STE 100
JACKSONVILLE FL 32216	JACKSONVILLE FL 32216-6191

APPROVED
FILED
00 MAR 20 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City & State
Jacksonville FL
Zip 32255   Country

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

City & State
Jacksonville FL
Zip 32255   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 057-22-9023

| | 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)

3/15/00
DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE SOLE MEMBER **NAME** Vandroff, Arnold **STREET ADDRESS** 5750 Belfort Rd. #200 **CITY-ST-ZIP** Jacksonville, FL 32256	☐ 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** 100003195401----8 -04/04/00--01077--006 *****50.00 *****50.00	☐ 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
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

CR2E083 (9/99)

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 / FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #