

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007008

1. Entity Name

TOTO, L.C.

Principal Place of Business

4625 N. A-1-A, SUITE 4
VERO BEACH FL 32963

Mailing Address

4625 N. A-1-A, SUITE 4
VERO BEACH FL 32963-1364

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KUSCH, ROBERT E
4625 N. A-1-A, SUITE 4
VERO BEACH FL 32963

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 16 AM 10:35

mf 3/22/00



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM KUSCH, ROBERT E
STREET ADDRESS 4625 N. A-1-A, SUITE 4
CITY- ST- ZIP VERO BEACH FL 32963

TITLE NAME MGRM HOPPER, DONALD A
STREET ADDRESS 805 THIRD AVENUE, SIXTH FLOOR
CITY- ST- ZIP NEW YORK NY 10022

TITLE NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

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TITLE NAME
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
300003188883--4
-03/29/00--01072--008
*****50.00 *****50.00

TITLE NAME
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TITLE 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

3-14-00

Date

561-231-5566

Daytime Phone #

CR2E083 (9/99)