

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007038

1. Entity Name

PASCO PROCESSING HOLDINGS, LLC

FILED

01 JAN 31 AM 10:08

Principal Place of Business

400 NORTH TAMPA STREET  
17TH FL  
TAMPA FL 33601

Mailing Address

400 NORTH TAMPA STREET  
17TH FL  
TAMPA FL 33601

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L  
ONE HARBOUR PLACE  
777 SOUTH HARBOUR ISLAND BLVD  
TAMPA FL 33602-5709

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 MGR  
NAME PEISER, ROBERT A  
STREET ADDRESS 326 LAKEWOOD DRIVE  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304 ☐ Delete

TITLE MGR  
NAME TEGREENE, DAVID  
STREET ADDRESS 230 BRIGHAM ROAD  
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE MGR  
NAME FOUTS, LOU  
STREET ADDRESS 155 EAST 34TH STREET, APT 18-C  
CITY-ST-ZIP NEW YORK NY 10016 ☒ Delete

TITLE MGR  
NAME WILSON, GEORGE  
STREET ADDRESS 413 NORTH WALTER DRIVE  
CITY-ST-ZIP PLANT CITY FL 33567 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700003657047--4  
-02/08/01--01012--026  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE MGR  
NAME ROBERT NORBERG  
STREET ADDRESS 1251 PRISTINE PLACE  
CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert A. Peiser

Date

Daytime Phone #

1/26/2001 877 595 3727

CR2E083 (11/00)