

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018522 AF

DOCUMENT # L99000007205

1. Entity Name  
CASUCCI COMPANY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -1 PM 1:02

Principal Place of Business  
1100 PINELLAS BAYWAY, #G4  
TIERRA VERDE FL 33715

Mailing Address  
1100 PINELLAS BAYWAY, #G4  
TIERRA VERDE FL 33715



2. Principal Place of Business  
365-6th AVE No.  
Suite, Apt. #, etc.

3. Mailing Address  
365-6th AVE No.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TIERRA VERDE, FL  
Zip  
33715  
Country  
USA

City & State  
TIERRA VERDE, FL  
Zip  
33715  
Country  
USA

4. FEI Number 36-2423204

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CASUCCI, CASS T  
1100 PINELLAS BAYWAY, #G4  
TIERRA VERDE FL 33715

## 7. Name and Address of New Registered Agent

Name CASUCCI, CASS T  
Street Address (P.O. Box Number is Not Acceptable)  
365-6th AVE. No.  
City TIERRA VERDE FL Zip Code 33715

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 2/16/01

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
CASUCCI, CASS T  
STREET ADDRESS 1100 PINELLAS BAYWAY, #G4  
CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 365-6th AVE. No.  
CITY-ST-ZIP TIERRA VERDE, FL 33715

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003819018-3  
CITY-ST-ZIP -03/08/01--01082--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-16-01 (248) 705-040

CR2E083 (11/00)