

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017379 AB

DOCUMENT # L99000007574

1. Entity Name

ADIRONDACK RESOURCE MANAGEMENT ASSOCIATES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -9 AM 10:08

Principal Place of Business

20 BOWMAN STREET  
SARATOGA SPRINGS NY 12866

Mailing Address

20 BOWMAN STREET  
SARATOGA SPRINGS NY 12866-5233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1787740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CAVANAUGH, A. GARY  
1006 OHIO STREET, S.E.  
FORT MEADE FL 33841

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 KRUEGER, WILBUR W ☐ Delete  
STREET ADDRESS 242 MERMAID'S BIGHT  
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME MGRM CAPUTO, DARRYL F ☐ Delete  
STREET ADDRESS 20 BOWMAN STREET  
CITY-ST-ZIP SARATOGA SPRINGS NY 12866

TITLE NAME MGRM CAVANAUGH, A. GARY ☐ Delete  
STREET ADDRESS 1006 OHIO STREET S.E.  
CITY-ST-ZIP FORT MEADE FL 33841

TITLE NAME MGRM SIMPSON, ROBERT W ☐ Delete  
STREET ADDRESS 20 BOWMAN STREET  
CITY-ST-ZIP SARATOGA SPRINGS NY 12866

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  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003140873--2  
CITY-ST-ZIP -02/21/00--01024--001

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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)*

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

Date

Daytime Phone #

CR2E083 (9/99)