

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030190 AB

DOCUMENT # L99000007574

1. Entity Name

ADIRONDACK RESOURCE MANAGEMENT ASSOCIATES, LLC

FILED

01 FEB 23 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

20 BOWMAN STREET  
SARATOGA SPRINGS NY 12866

Mailing Address

20 BOWMAN STREET  
SARATOGA SPRINGS NY 12866

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

14-1787740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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 9000003783869-6  
CITY-ST-ZIP -02/27/01--01142--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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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:

*Mark J. Buffalino*

2-20-01

(518) 587-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)