

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007819

1. Entity Name
RAMSAIL, LLC

Principal Place of Business
803 LAKE VISTA CT.
NAPLES FL 34108

Mailing Address
803 LAKE VISTA CT.
NAPLES FL 34108

FILED

01 JAN 25 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3616965

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEUERMAN, PAUL K ESQUIRE
ROETZEL & ANDRESS
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES FL 34103

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM MOYER, ROBERT A JR ☐ Delete
STREET ADDRESS 803 LAKE VISTA CT.
CITY-ST-ZIP NAPLES FL 34108

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003623604-6
CITY-ST-ZIP -02/02/01--01007--002
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEMBER ☐ Change ☒ Addition
STREET ADDRESS John W. Clark
CITY-ST-ZIP 1005 Moegling
Ashland, Kentucky 41101

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MEMBER ☐ Change ☒ Addition
STREET ADDRESS Jeffrey P. Lopez
CITY-ST-ZIP 1304 Bath Avenue
Ashland, Kentucky 41101

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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: Robert A. Moyer Jr 01/15/01 941-514-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)