

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007842

1. Entity Name

FRED EXECUTIVE RELOCATION SERVICES, L.L.C.

FILED

01 APR 30 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4600 ST. CROIX LANE
NAPLES FL 34109

Mailing Address

4600 ST. CROIX LANE
NAPLES FL 34109

2. Principal Place of Business

7995 PRESERVE CIRCLE

3. Mailing Address

7995 PRESERVE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

59-3619750

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

CONROY III, J. THOMAS
3838 TAMiami TRAIL NORTH
STE 402
NAPLES FL 34103

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.

(NOT: 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
STREET ADDRESS
CITY-ST-ZIP
MGRM
POTESTIO, FRANK P JR.
4600 ST. CROIX LANE
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FINKELSTEIN, EDWARD S
17842 ARGYLL TERRACE
BOCA RATON FL 33490 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004218008
-05/15/01--01110--014
*****55.00 *****55.00 ☐ Change ☐ Addition

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

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☐ 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

4/25/01

Date

941-593-9641

Daytime Phone #

CR2E083 (11/00)