

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008125

1. Entity Name
ARNOLD VANDROFF ASSOCIATES L.L.C.

Principal Place of Business
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

Mailing Address
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216-6191

Principal Place of Business
P.O. Box 551260
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 551260
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32255

City & State
Jacksonville, FL
Zip
32255

4. FEI Number
057-22-9023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Lewis Ansbacher
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City
Jacksonville FL Zip Code
32254

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

(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
STREET ADDRESS
CITY- ST- ZIP
MGRM
VANDROFF, ARNOLD
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Vandross, Arnold
5150 Belfort Road #200
Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003195403--2
-04/04/00--01077--007
*****50.00 *****50.00 ☐ Change ☐ Addition

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

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ 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 OF *[Signature]*

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

Date

Daytime Phone #

APPROVED
FILED

00 MAR 20 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL 32315



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)