

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90028 029 \*\*\*\*\*50.00

**DOCUMENT # L99000008173**

1. Entity Name

**MARINER ADVISORY GROUP, L.L.C.**

Principal Place of Business

**12800 UNIVERSITY DR., STE. 260  
 FT. MYERS FL 33907**

Mailing Address

**12800 UNIVERSITY DR., STE. 260  
 FT. MYERS FL 33907**

2. Principal Place of Business

**13451 McGregor Blvd.,**

3. Mailing Address

**13451 McGregor Blvd.**

Suite, Apt. #, etc.

**Suite 27**

Suite, Apt. #, etc.

**Suite 27**

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33919**

Country

**Lee**

Zip

**33919**

Country

**Lee**

4. FEI Number

**65-0960108**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TEN BROEK, ALLEN G  
 12800 UNIVERSITY DR., STE. 260  
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

**13451 McGregor Blvd., Suite 27**

City **Fort Myers**

**FL**

Zip Code **33919**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **TAYLOR, ROBERT M**  
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 260**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **MGRM** ☐ Delete  
 NAME **TEN BROEK, ALLAN G**  
 STREET ADDRESS **12800 UNIVERSITY DR., SUITE 260**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **13451 McGregor Blvd., Suite 27**  
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **13451 McGregor Blvd., Suite 27**  
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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]*

**2/18/02 941 481 2011**

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

Date

Daytime Phone #

CR2E083 (9/01)