

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008220

1. Entity Name
OLD VIENNA MANAGEMENT, L.C.

FILED

01 APR 23 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12741 WORLD PLAZA LANE, BUILDING 84
SUITE 3
FT. MYERS FL 33907

Mailing Address
12741 WORLD PLAZA LANE, BUILDING 84
SUITE 3
FT. MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0967924

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

BARTEL, VIOLA
5109 DEL PRADO BLVD.
CAPE CORAL FL 33904

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
STREET ADDRESS
CITY-ST-ZIP

MGRM
SILBERSCHNEIDER, GERALD
FRIEDHOFASSE 2
A-8020 GRAZ/ AUSTRIA

☐ Delete

TITLE
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STREET ADDRESS
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☐ 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:

Gerald Silberschneider
Gerald Silberschneider 03-28-01 941-540-0713

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

Date

Daytime Phone #

CR2E083 (11/00)