

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90009 016 \*\*\*\*50.00

0034844

**DOCUMENT # L99000008377**

1. Entity Name

**RAMSAC, LLC**

Principal Place of Business

**5212 GOLF LINKS BOULEVARD  
 ZEPHYRHILLS FL 33541**

Mailing Address

**5212 GOLF LINKS BOULEVARD  
 ZEPHYRHILLS FL 33541**

2. Principal Place of Business

**9051 Florida Mining Blvd.**

3. Mailing Address

**9051 Florida Mining Blvd**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33634**

Country

**USA**

Zip

**33634**

Country

**USA**

4. FEI Number

**59-3610910**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CRACCHIOLO, JOHN E**

**~~2015 G. CONGRESS AVENUE SUITE H~~  
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2855 S. Congress Ave. Suite A**

City

**DeLray Beach**

**FL**

Zip Code

**33445**

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 ☐ Delete

**MGR  
 CRACCHIOLO, JAMES M  
 5212 GOLF LINKS BOULEVARD  
 ZEPHYRHILLS FL 33541**

TITLE ☐ Delete

TITLE ☐ Delete

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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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

Date

Daytime Phone #

**4-15-02 813-889-8355**

CR2E083 (9/01)