

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0008712 AF

DOCUMENT # **L99000008383**

1. Entity Name

~~PARISH BASS URISH POPECK & CO., L.L.C.~~ PARISH BASS URISH POPECK, LLC

00 MAY -5 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1020 8TH AVENUE SOUTH  
NAPLES FL 34102

1020 8TH AVENUE SOUTH  
NAPLES FL 34102-6959



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0968051

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

~~BASS, TERRI L~~  
1020 8TH AVENUE SOUTH  
NAPLES FL 34102

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	<input type="checkbox"/> Delete
MGRM	PARISH, DAVID E	1020 8TH AVENUE SOUTH	NAPLES FL 34102	<input type="checkbox"/>
MGRM	BASS, TERRI L	1020 8TH AVENUE SOUTH	NAPLES FL 34102	<input type="checkbox"/>
MGRM	URISH POPECK & CO., L.L.C.	THREE GATEWAY CENTER	PITTSBURGH PA 15222-1015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		1020 8th Avenue South, Suite 1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		300003279552-3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		-06/07/00-01021-025		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		*****50.00		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Suite 2400		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED*

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

1/12/00

Date

941-262-8444

Daytime Phone #

CR2E083 (9/99)