

2001 UNIFORM BUSINESS REPORT (UBR)

00203965 AF

DOCUMENT # L99000008383

1. Entity Name
PARISH BASS URISH POPECK, L.L.C.

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1020 8TH AVENUE SOUTH
SUITE 1
NAPLES FL 34102

Mailing Address
1020 8TH AVENUE SOUTH
SUITE 1
NAPLES FL 34102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0968051**

Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

MJH

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM PARISH, DAVID E
STREET ADDRESS **1020 8TH AVENUE SOUTH, SUITE 1**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE NAME Change Addition
000004194180--8
STREET ADDRESS **-05/10/01--01114--010**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
MGRM BASS, TERRI L
STREET ADDRESS **1020 8TH AVENUE SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGRM URISH POPECK & CO., L.L.C.
STREET ADDRESS **THREE GATEWAY CENTER**
CITY-ST-ZIP **PITTSBURGH PA 15222-1015**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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: *Terri L. Bass* **Terri L. Bass** **4/23/01** **941-262-8444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)