

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008686

DOCUMENT

1. Entity Name

AMERIREACH.COM, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2424 N. Federal Hwy.

Suite, Apt. #, etc.

401

City & State

Boca Raton

Zip

33431

Country

USA

3. Mailing Address

2424 N. Federal Hwy.

Suite, Apt. #, etc.

401

City & State

Boca Raton

Zip

33431

Country

USA

6. Name and Address of Current Registered Agent

Steven Redman
6520 N.E. 21st Ave
Ft. Lauderdale, FL 33308

7. Name and Address of New Registered Agent

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

600003259286--1
-05/19/00--01078--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Managing Member	☐ Change ☒ Addition
NAME	Steven Redman + Costance Redman	
STREET ADDRESS	6520 N.E. 21st Ave.,	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Managing Member	☐ Change ☒ Addition
NAME	Steve Saqui + Joan Saqui	
STREET ADDRESS	12214 Silver Oak Ln	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE	Managing Member	☐ Change ☒ Addition
NAME	Barry Cochew + Kara Cochew	
STREET ADDRESS	3100 N. Ocean Blvd #1506	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Managing Member	☐ Change ☒ Addition
NAME	Louis Gallardo + Paula Gallardo	
STREET ADDRESS	3200 N. Ocean Blvd #1803	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Member	☐ Change ☒ Addition
NAME	First South Insurance Group, Inc.,	
STREET ADDRESS	5665 Highway 9, Ste 103, PMB 359	
CITY-ST-ZIP	Alpharetta, GA 30004	
TITLE		☐ Change ☒ Addition
NAME	See Attached	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/00 (561)-391-0499

CR2E083 (1/199)

APPROVED
AND
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0966732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required