

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90205 006 ****50.00

965746

DOCUMENT # L99000008686

1. Entity Name

AMERIREACH.COM, LLC

Principal Place of Business

2424 N. FEDERAL HWY., SUITE 401
 BOCA RATON FL 33431

Mailing Address

2424 N. FEDERAL HWY., SUITE 401
 BOCA RATON FL 33431

2. Principal Place of Business

950 S. PINE ISLAND RD

3. Mailing Address

950 S. PINE RD

Suite, Apt. #, etc.

STE 1022

Suite, Apt. #, etc.

STE 1022

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

USA

Zip

33324

Country

USA



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

6. Name and Address of Current Registered Agent

REDMAN, STEVEN
 6520 NE 21ST AVENUE
 FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Steven Redman

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

621 Mockingbird Ln

City Plantation

FL

Zip Code

33324

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 MGRM
 NAME STEVEN & CONSTANCE REDMAN
 STREET ADDRESS 6520 N.E. 21ST AVENUE
 CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE MGRM
 NAME STEVE & JOAN SAQUI
 STREET ADDRESS 12214 SILVER OAK LANE
 CITY-ST-ZIP CHARLOTTE NC 28277

☐ Delete

TITLE MGRM
 NAME BERRY & KARA COCHEU
 STREET ADDRESS 3100 N. OCEAN BLVD., SUITE 1506
 CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE MGRM
 NAME LOUIS & PAULA GALLARDO
 STREET ADDRESS 3200 N. OCEAN BLVD., SUITE 1803
 CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE MEM
 NAME FIRST SOUTH INSURANCE GROUP, INC.
 STREET ADDRESS 5665 HWY 9, SUITE 103 (PMB 359)
 CITY-ST-ZIP ALPHARETTA GA 30004

☐ Delete

TITLE MEM
 NAME Mary Williams
 STREET ADDRESS 702 Bowstring Cove
 CITY-ST-ZIP Houston, TX 77079

☐ Delete

10. ADDITIONS/CHANGES

TITLE MEM
 NAME Carla Rozycki
 STREET ADDRESS 20 E. Cedar #10A
 CITY-ST-ZIP Chicago, IL 60611

☐ Change ☒ Addition

TITLE MEM
 NAME Kristin S. Williams Trust
 STREET ADDRESS 702 Bowstring Cove
 CITY-ST-ZIP Houston, TX 77079

☐ Change ☒ Addition

TITLE MEM
 NAME Goldys Partnership
 STREET ADDRESS 8 Orshava Ct. #202
 CITY-ST-ZIP Monroe, NY 10950

☐ Change ☒ Addition

TITLE MEM
 NAME Daniel Eaton
 STREET ADDRESS 2400 Bay Dr. NE
 CITY-ST-ZIP Pompano Beach, FL 33062

☐ Change ☒ Addition

TITLE MEM
 NAME James Falls
 STREET ADDRESS 320 St. Pierre Blvd
 CITY-ST-ZIP Carencro, LA 70520

☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/01)